**KINGS AND QUEENS MEDICAL UNIVERSITY COLLEGE, GHANA**

# PHYSICAL EXAMINATION FORM FOR STUDENTS

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| Name |  | | | | Sex | | | □ Male  □ Female | | | Birth Day-Month-Year  / / 20....... | | | | | | Photo  (stamped  Official Stamp) | |
| Present mailing address | | | | |  | | | | | | | | | | | Blood  Type |
| Nationality | |  | | | Birth Place | | | |  | | | | | | |
| Have you ever had any of the following diseases?  (Each item must be answered “yes” or “No”  Typhus fever…. □No □Yes Bacillary dysentery ……………. □No □Yes  Poliomyelitis ….. □No □Yes Brucellosis ………………. □No □Yes  Diphtheria …… □No □Yes Viral hepatitis ………....... □No □Yes  Scarlet fever….. □No □Yes Puerperal streptococcus infection …….. □No □Yes  Relapsing fever… □No □Yes  Typhoid and paratyphoid fever ……… ……. □No □Yes  Epidemic cerebrospinal meningitis ………… □No □Yes | | | | | | | | | | | | | | | | | | |
| Do you have any of the following diseases or disorders endangering the public order and security?  (Each item must be answered “Yes” or “No”)  Toxicomania…………………………………………………………□No □Yes  Mental confusion…………………………………………… □No □Yes  Psychosis: Manic psychosis……………………………………… □No □Yes  Paranoid psychosis……………………………………………… □No □Yes  Hallucinatory psychosis…………………………………………… □No □Yes | | | | | | | | | | | | | | | | | | |
| Height …………….cm | | | | | | | Weight ………….kg | | | | | | | | Blood pressure ………mmHg | | | |
| Development | | | | | | | Nourishment…… | | | | | | | | Neck……….. | | | |
| L…..  Vision R….. | | | | | | | L .…  Corrected Vision R….. | | | | | | | | Eyes…….. | | | |
| Colour Sense……….. | | | | | | | Skin…….. | | | | | | | | Lymph Nodes… | | | |
| Ears ….. | | | | | | | Nose….. | | | | | | | | Tonsils… | | | |
| Heart….. | | | | | | | Lungs….. | | | | | | | | Abdomen….. | | | |
| Spine | |  | | | | Extremities | | | |  | | | | Nervous system | | | |  |
| Other abnormal findings | | | |  | | | | | | | | | | | | | | |
| Chest X-ray  Exam  (Attached  chest X-ray  report | | |  | | | | | | | | | ECG |  | | | | | |
| Laboratory exam  (Attached test report of HIV/ AIDS, Syphilis, Hepatitis etc) | | | Sickling Test…………………  Hb …………………………..  HIV 1 (ELISA) ……………….  HIV 2 (ELISA) ………………  Syphilis Serology / (VDRL) ……  Sputum for AFB ………………..  Hepatitis Test ( HBsAg): ………  Urine Routine Examination: …….. | | | | | | | | | | | | | | | |
| **None of the following diseases or disorders were found during the present examination** Cholera …... □No □Yes Venereal Disease…………..□No □Yes  Yellow fever … □No □Yes Lung Tuberculosis…….........□No □Yes  Hepatitis…….. □No □Yes AIDS …………………….□No □Yes  Leprosy ……… □No □Yes Psychosis…………………□No □Yes | | | | | | | | | | | | | | | | | | |
| Suggestion of Physician: Official Stamp of Doctor / Hospital  Name of Physician:    Signature of physician: ………………….. Date: | | | | | | | | | | | | | | | | | | |