

# KINGS AND QUEENS MEDICAL UNIVERSITY COLLEGE, GHANA

## PHYSICAL EXAMINATION FORM FOR STUDENTS

Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Day-Month-Year / / 20.....	Photo (stamped Official Stamp)
Present mailing address				Blood Type	
Nationality		Birth Place			
<p>Have you ever had any of the following diseases? (Each item must be answered "yes" or "No")</p> <p>Typhus fever.... <input type="checkbox"/>No <input type="checkbox"/>Yes      Bacillary dysentery ..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Poliomyelitis ..... <input type="checkbox"/>No <input type="checkbox"/>Yes      Brucellosis ..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Diphtheria ..... <input type="checkbox"/>No <input type="checkbox"/>Yes      Viral hepatitis ..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Scarlet fever..... <input type="checkbox"/>No <input type="checkbox"/>Yes      Puerperal streptococcus infection ..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Relapsing fever... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Typhoid and paratyphoid fever ..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Epidemic cerebrospinal meningitis ..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p>					
<p>Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered "Yes" or "No")</p> <p>Toxicomania.....<input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Mental confusion..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Psychosis: Manic psychosis..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Paranoid psychosis..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Hallucinatory psychosis..... <input type="checkbox"/>No <input type="checkbox"/>Yes</p>					
Height .....cm	Weight .....kg	Blood pressure .....mmHg			
Development		Nourishment.....		Neck.....	
Vision L..... R.....	Corrected Vision L..... 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: .....		
<p align="center"><b>None of the following diseases or disorders were found during the present examination</b></p> <p>           Cholera ..... <input type="checkbox"/>No <input type="checkbox"/>Yes      Venereal Disease.....<input type="checkbox"/>No <input type="checkbox"/>Yes            Yellow fever ... <input type="checkbox"/>No <input type="checkbox"/>Yes      Lung Tuberculosis.....<input type="checkbox"/>No <input type="checkbox"/>Yes            Hepatitis..... <input type="checkbox"/>No <input type="checkbox"/>Yes      AIDS .....<input type="checkbox"/>No <input type="checkbox"/>Yes            Leprosy ..... <input type="checkbox"/>No <input type="checkbox"/>Yes      Psychosis.....<input type="checkbox"/>No <input type="checkbox"/>Yes         </p>			
Suggestion of Physician:  Name of Physician:  Signature of physician: .....		Official Stamp of Doctor / Hospital   Date:	