



UNIVERSITY OF MINES AND TECHNOLOGY – TARKWA MEDICAL EXAMINATION

NAME:	I D NO.:
PROGRAM/ DEPT.:	AGE:
DATE OF BIRTH:	NATIONALITY:
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	TELEPHONE:

NURSE OBSERVATION					
VISUAL ACUITY		BP	PULSE	WEIGHT	HEIGHT
RT	LT				

MEDICAL HISTORY					
Please answer the following questions Y (Yes) or N (No)					
Y/N		Y/N		Y/N	
	Head Injury/ Concussion		Tuberculosis		Diabetes
	Fainting, Blackout, Epilepsy		Chronic cough>4 weeks		Psychiatric problems
	Headaches/ Migraine		Weight loss		Sickle Cell disease
	Visual problems		Chronic Abdominal Pain		Swollen or Painful joints
	Chest pain/Heart disease		Gastritis/ Ulcer/ Indigestion		Operation/ Surgery
	Palpitations		Jaundice/ Hepatitis		Back Pain > 4 weeks
	Hypertension		Chronic Diarrhoea>2 weeks		Typhoid fever
	High Cholesterol		Chronic Skin problems		Malaria/ Tropical Disease
	Asthma		Urine or Kidney problems		Sexual Transmitted Disease
	Do you smoke		Obstetric or Gynae problems		Cancer
	Do you drink alcohol		Have you ever been hospitalized		Are you taking any drugs regularly

FAMILY MEDICAL HISTORY					
	Hypertension		Peptic Ulcer		Sickle Cell Disease
	Tuberculosis		Recurrent Headaches		Cancer
	Asthma		Diabetes		Mental Illness

PHYSICAL EXAMINATION	
Cardiovascular	
Central Nervous	
Respiratory	
Abdominal	

Chest X-Ray	
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LABORATORY INVESTIGATION					
Hb		Blood Group		Widal	
WBC		Sickling		FBS	
Urine R/E		Stool R/E			

Applicant's Signature: Date:

Recommendation:
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I consider therefore that the candidate is medically FIT/ UNFIT

Signature of Medical Officer:

Full Name of Medical Officer (in BLOCK LETTERS):