

**NANYANG TECHNOLOGICAL UNIVERSITY**  
**PART I: CONFIDENTIAL MEDICAL HISTORY**  
**(To be completed by the student)**

Full Name (Block Letter): _____			
Sex: _____ NRIC No./Passport No.: _____ Date of Birth: _____			
Citizenship: _____ Course of Study: _____			
Home Address: _____			
Tel. No.: _____ Pager No.: _____			
PERSONAL HISTORY	No	Yes	If Yes, give details & dates
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, giddiness, fainting spells, epilepsy (fits), nervous breakdown, anxiety illness, depression, treated by psychiatrist before			
2. EYE, EAR, NOSE, THROAT History of seeing black spots, bright lights, blur vision, hearing problems, ear infection, hearing loud noises (tinnitus), constant running nose, sneezing, block nose, nose bleeding			
3. RESPIRATORY SYSTEM Asthma, frequent cough, tuberculosis, shortness of breath on and off			
4. CARDIOVASCULAR SYSTEM Chest pain, palpitations, high blood pressure, heart murmur			
5. GASTROINTESTINAL SYSTEM Gastric problem, frequent diarrhoea, constipation problem, stomach ulcer, abdominal pain on and off, bloatedness, piles			
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only) hernia, VD			
7. ENDOCRINE SYSTEM Thyroid problem, diabetes			
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprain, neck problem, shoulder problem, gout or fracture before			
9. SKIN Eczema, urticaria, fungal infection			
10. FOR LADIES ONLY History of breast lump, menses problem e.g. irregular menses, menses pain, etc			
11. Any serious injuries, hospitalization, operation			
12. Any illness not mentioned above			

FAMILY HISTORY	No	Yes	If Yes, give details
1. Hypertension			
2. Heart Disease			
3. Stroke			
4. Diabetes			
5. Tuberculosis			
6. Mental Disorder			
7. Others			

SOCIAL HISTORY	No	Yes	If Yes, give details
1. Cigarettes			
2. Alcohol			
<b>DRUG HISTORY</b>			
1. Drugs taken presently			
2. Allergy			

I hereby declare that I have not withheld any relevant information or made any misleading statement to the best of my knowledge.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NANYANG TECHNOLOGICAL UNIVERSITY**  
**PART II: REPORT OF MEDICAL EXAMINATION**  
**(To be completed by a Registered Physician)**

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**SIGNIFICANT MEDICAL HISTORY** (including psychiatric disorders):

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**PHYSICAL EXAMINATION:**

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Vision: \_\_\_\_\_ Colour Vision: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse Rate: \_\_\_\_\_

Cardiovascular System:-

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Respiratory System:-

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Abdomen (Note presence of hernia):

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Central Nervous System:

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Musculoskeletal System:

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Others:

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**INVESTIGATIONS:**

Urine:- Protein: \_\_\_\_\_ Sugar: \_\_\_\_\_ Others: \_\_\_\_\_

Chest X-ray Report (should have been made within last six months, and film should be attached to the report):

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**OTHERS:**

Is patient now under treatment for any physical/emotional condition:

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Do you have any recommendation regarding the care of this student:

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Any drug allergy:

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I certify that I have this day examined the abovenamed and the results of medical examination are as set forth. In my opinion, he/she is found to be in good health and free from any physical defect, organic or nervous ailments or after effects thereof which might render him/her unfit to pursue or complete his/her university course of studies.

Physician's Signature \_\_\_\_\_ Address \_\_\_\_\_

Name & Professional Qualifications \_\_\_\_\_

Date \_\_\_\_\_