

MC1 – NTU Health Screening Form (Part I)

UNDERGRADUATE

PART I: CONFIDENTIAL MEDICAL HISTORY (To be completed by the student)

PERSONAL PARTICULARS			
Full Name (Block Letter):		Sex:	
Application No:	NRIC No./Passport No.:	Date of Birth:	
Citizenship:	Programme of Study:	Mobile No.:	

PERSONAL HISTORY	NO	YES	If yes, give details & dates
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, giddiness, fainting spells, epilepsy (fits), multiple sclerosis, nervous breakdown, anxiety disorder, depression, phobias, substance dependency, eating disorder, treated by psychiatrist or seen a counsellor 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, blocked 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 (haemorrhoids).			
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only), hernia, sexually-transmitted infections.			
7. ENDOCRINE SYSTEM Thyroid problem, diabetes			
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprains, neck problem, shoulder problem, gout, previous fracture.			
9. SKIN Eczema, urticaria, fungal infection, psoriasis			
10. Any serious injuries, hospitalisation, operation			
11. Are you a Hepatitis B carrier?			
12. Any disability, impairment or special needs or illness/condition not mentioned above?			
13. FOR FEMALES ONLY History of breast lump, menses problem eg. irregular menses, menses pain, etc			

FAMILY HISTORY	NO	YES	If yes, give details & dates	SOCIAL HISTORY	NO	YES	If yes, give details & dates
1. Hypertension				1. Cigarettes			No. of cigarettes/day: No. of years:
2. Heart Disease							
3. Stroke				2. Alcohol			
4. Diabetes				DRUG HISTORY	NO	YES	If yes, give details & dates
5. Tuberculosis				1. Drugs taken presently			
6. Mental Disorder				2. Allergy			
7. Others							

Data Protection Information

Your health records are held in confidence by the Medical Centre at NTU. Your school will be informed if there is a need to make adjustments for you if it is relevant to your educational needs or if it affects the safety of the people you work with. You may obtain access to your health record by contacting the Medical Centre at NTU.

Declaration

I hereby declare that I have not withheld any relevant information or made any misleading statement. I consent to my information being held and processed by the Medical Centre at NTU as described in the 'Data Protection Information' above.

Student's Signature

Date

MC1 – NTU Medical Examination Form (Part II)

NANYANG TECHNOLOGICAL UNIVERSITY

UNDERGRADUATE

PART II: REPORT OF MEDICAL EXAMINATION

(To be completed by a Registered Physician)

SIGNIFICANT MEDICAL HISTORY (including psychiatric disorders):

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PHYSICAL EXAMINATION

Height: _____ m	Weight: _____ kg	Vision: _____	Colour Vision: _____
Blood Pressure: _____		Pulse Rate: _____	
Cardiovascular System: _____			
Respiratory System: _____			
Abdomen (Note presence of hernia): _____			
Central Nervous System: _____			
Musculoskeletal System: _____			
Others: _____			

INVESTIGATION

Urine Protein: _____	Sugar: _____	Others: _____
Chest X-ray Report (For LKC Medicine, Biomedical Sciences and Chinese Medicine students and all International Students, which should be done within the last 3 months and film should be attached if done overseas.)		

OTHERS

Is patient now under treatment for any physical/emotional condition?
Do you have any recommendation regarding the care of this student?
Any drug allergy?

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 programme of studies.

Physician's Signature
Address:

Name & Professional Qualifications

Date