

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

PERSONAL PARTICULARS

Full Name (Block Letter): _____

Sex: _____ NRIC No./Passport No.: _____ Date of Birth: _____

Citizenship: _____ Course of Study: _____

Home Address: _____

Tel. No.: _____ Mobile 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, blurr 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			
DRUG HISTORY			
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

NTU MEDICAL EXAMINATION FORM (PART 2)

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

SIGNIFICANT MEDICAL HISTORY (including psychiatric disorders)

[Empty text box for Significant Medical History]

PHYSICAL EXAMINATION

Height: [] cm Vision: [] Blood Pressure: []
Weight: [] kg Color Vision: [] 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 (should have been made within last six months, and film should be attached to the report):
[]

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 course of studies.

Physician's Signature Name & Professional Qualifications Date

Address: