NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE



# MC1 – NTU Health Screening Form (Part I)

**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.:__________

Home Address:______________________________

| 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 |
|---|---|---|---|
| 1. Hypertension | | | |
| 2. Heart Disease | | | |
| 3. Stroke | | | |
| 4. Diabetes | | | |
| 5. Tuberculosis | | | |
| 6. Mental Disorder | | | |
| 7. Others | | | |

| SOCIAL HISTORY | NO | YES | If yes, give details & dates |
|---|---|---|---|
| 1. Cigarettes | | | No. of cigarettes/day: No. of years: |
| 2. Alcohol | | | |

| DRUG HISTORY | NO | YES | If yes, give details & dates |
|---|---|---|---|
| 1. Drugs taken presently | | | |
| 2. Allergy | | | |

**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

## PART II: REPORT OF MEDICAL EXAMINATION

(To be completed by a Registered Physician)

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

**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 (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 programme of studies.

Physician's Signature

Name & Professional Qualifications

Date

Address: