

MC1 – NTU Medical Examination 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.: _____					
Citizenship: _____		Date of Birth: _____					
Home Address: _____		Programme of Study: _____					
Tel No.: _____		Mobile 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, 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							
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 FEMALES ONLY History of breast lump, menses problem e.g. irregular menses, menses pain, etc							
11. Any serious injuries, hospitalisation, operation							
12. Any illness not mentioned above							
FAMILY HISTORY	NO	YES	If yes, give details & dates	SOCIAL HISTORY	NO	YES	If yes, give details & dates
1. Hypertension				1. Cigarettes			
2. Heart Disease				2. Alcohol			
3. Stroke							
4. Diabetes				DRUG HISTORY	NO	YES	If yes, give details & dates
5. Tuberculosis				1. Drugs taken presently			
6. Mental Disorder				2. Allergy			
7. Others							

I hereby declare that I have not withheld any relevant information or made any misleading statement, and I give my consent to the examining medical examiner to communicate with and release a copy of this report to NTU.

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
Address:

Name & Professional Qualifications

Date