



**THE MICO UNIVERSITY COLLEGE**

**MEDICAL REPORT FORM**

**STRICTLY CONFIDENTIAL**

NAME: .....

DATE OF BIRTH..... AGE:.....years

**MEDICAL HISTORY (Please tick all that apply) to be filled out by student**

Asthma ..... Sinusitis ..... Allergies..... Sickle Cell Disease.....

Rheumatic Fever ..... Heart Disease..... Hypertension..... High Cholesterol.....

Migraine..... Epilepsy/Seizures.....Anxiety..... Depression.....

Diabetes..... Thyroid Disease.....Joint Disease..... Skin Disorder.....

Indigestion.....Ulcer.....Appendicitis.....Anaemia.....

Other..... Please state.....

Do you smoke? .....Yes.....No      Date of last Menstrual Cycle.....

**FAMILY HISTORY**.....

*(Please state any serious illness affecting your immediate family members)*

**EXAMINATION (to be filled out by Doctor)**

Height: Ft.....Inches..... Weight.....LbsVision : R ..... L..... (with/without glasses)

Urine: Alb.....Glu.....Ph..... Other..... BP..... PR.....

General.....

ENT.....

Heart.....

Lungs.....

Abdomen.....

Skin.....

Skeletal.....

**IMMUNIZATION**BCG..... OPV..... MMR.....TetTox..... Hep B.....

**BLOOD INVESTGATIONS** Hb..... VDRL.....

**COMMENTS & RECOMMENDATIONS**.....

.....

.....

Signed: ..... **(Medical Officer)** Date: .....



The MICO UNIVERSITY COLLEGE

CLASS ADMISSION SLIP

Date: .....

This is to certify that:

.....

Has been assessed and examined and is physically fit for admission to this university.

Signed: ..... **(Medical Officer)**

.....