

MEDICAL CERTIFICATION FORM

The student must complete this form and hand it to the Medical Officer at the of examination.

NAME OF STUDENT:.....
(IN CAPITAL LETTERS)

NAME OF PARENT/:.....
GUARDIAN

ADDRESS:.....
.....
.....

DATE OF BIRTH :..... **PLACE OF BIRTH :**.....

OLD I.C. NO. :..... **NEW I.C. NO. :**.....

MARITAL STATUS :.....

Have you ever suffered form:-

- a. Spitting of blood, asthma, pleurisy, or from any
complaint of the lungs?
- b. Rheumatism, gout, fainting fits, or rupture?
- c. Nervous complaint, mental disorder of fits?
- d. Any other disease or form serious personal injury?
- e. Have you been hospitalized before? For what illness?
- f. Are you suffering form frequent headache?
- g. Are you allergic to any drug or food?
if yes, please specify

Have any members of your family or immediate relatives
Been, or are now suffering from tuberculosis, insanity or fits?

I hereby declare that the information given is ture and complete.

Date: Signature:

Note: Please bring along your eye glasses for inspection by the medical officers
(if applicable)

SECTION II : (To be filled by the Medical Officer who examines the student)

**MEDICAL EXAMINATION FOR ADMISSION
TO UNIVERSITY IN JORDAN**

Medical Officers are requested to make a thorough examination of the student and complete the report below.

-
1. a. Is the applicant known to you ?
a).....
- b. Have you attended to him/her before?
b).....
- c. Height
c).....
- d. Weight
d).....
-

2. EXAMINATION OF EYES :-

- a. Vision (uncorrected) a.....
- b. Vision (corrected with glasses) b.....
- c. Colour Blind c.....
-

3. EXAMINATION OF EARS :-

- a. Any discharge present a.....
- b. Condition of drum b.....
- c. Acuity of hearing c.....
-

4. EXAMINATION OF TEETH

5. EXAMINATION OF THROAT

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6. EXAMINATION OF CHEST :-

- a. Any abnormality of form a.....
 - b. Expansion normal? b.....
 - c. Equal on both sides? c.....
 - d. Percussion d.....
 - e. Auscultation e.....
 - f. X-ray examination report f.....
-

7. CONDITIONS OF HEART:-

- a. Rhythm a.....
 - b. Character of impulse at Apex beat b.....
 - c. Position of Apex beat c.....
 - d. Any alteration of size d.....
 - e. Any murmurs present e.....
 - f. Exercise tolerance test f.....
-

8. PULSE :-

- a. Rate a.....
 - b. Character b.....
 - c. Any evidence of arterial changes c.....
-

9. BLOOD PRESSURE

- a. Mercurial a.....
 - b. Taking reading lying or sitting b.....
-

10. IS THERE ANY

- a.....
- a. The liver, or b.....
- b. Spleen, or c.....
- c. Any abnormal swelling in the abdomen? d.....

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11. EXAMINATION OF URINE :-

- a. S. Gravity a.....
- b. Albumin b.....
- c. Sugar c.....
- d. Acetone d.....
- e. Microscopical examination of deposit e.....

12. EXAMINATION OF HERNICAL ORIFICERS

a.....

13. EXAMINATION OF NERVOUS SYSTEM :-

- a. Condition of patellar reflexes? a.....
- b. Condition of ankle reflexes? b.....
- c. Condition of plantar reflexes? c.....
- d. Are the pupils equal? d.....
- e. Do the pupils react to light? e.....
- f. Do the pupils react to accommodations? f.....
- g. Any sensors loss? g.....

Any further re-examination wich the examining officer considers necessary as a Result thereof.....

I hereby certify that I have examined..... and i Find that he/she is free from organic disease and is fit admission to university in Jordan.

Signature.....

Qualifications.....

Hospital/Clinik.....

Date:.....