

**Borang Pemeriksaan Kesehatan
MEDICAL CERTIFICATION FORM**

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

NAME OF STUDENT :

(IN CAPITAL LETTERS)

NAME OF PARENT/:

GUARDIAN

ADDRESS:

.....

.....

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

NEW I.C. NO. : **MARITAL STATUS :**

Have you ever suffered from :-

- | | | | |
|----|--|------------------------------|-----------------------------|
| a. | Spitting of blood, asthma, pleurisy, or from any complaint of the lungs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Rheumatism, gout, fainting fits, or rupture? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Nervous complaint, mental disorder or fits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. | Any other disease or from serious personal injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. | Have you been hospitalized before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For what illness? | | |
| f. | Are you suffering from frequent headache? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. | Are you allergic to any drug or food? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, please specify | | |
| h. | Have any members of your family or immediate relatives been, or are now suffering from tuberculosis, insanity or fits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I hereby declare that the information given is true 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 EGYPT**

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 manometer preferred | a..... |
| b. | Taking reading lying or sitting | b..... |
-

10. IS THERE ANY ENLARGEMENT OF :-

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

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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 which 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 for admission to university in Egypt.

Signature.....

Official Stamp

Name

Hospital/Clinic.....

.....

.....

Date