

UNIVERSITY ON THE NIGER, UMUNYA KM 13, ONITSHA-ENUGU EXPRESS WAY, UMUNYA, ANAMBRA STATE OFFICE OF THE REGISTRAR (ADMISSIONS UNIT) MEDICAL SCREENING FORM

Ref. No:				
Hostel Address:				
1. Name of Stu	dent (MR/MISS	5):		
2. Gender:	Marital Status:		Religion:	Age:
3. Faculty:		Department:		
•	st medical reco	rd/family history: Have you s	uffered or sufferin	ng from any
Diabetes 5. If the answer to	Yes/No Yes/No ic Illness Yes/No Yes/No o the above is "YE	(g) Peptic Ulcer (h) Pile (Haemorrhoid) (i) Heat in the head or body (j) Allergy (k) Sexually Transmitted Diseas (UTI, HIV, AIDS, etc.) (I) Drug Addiction (of any type (S", please give further information	Yes/No se Yes/No e) Yes/No	duration,
(a) Height:	(b) Weight:	l by UNINIGER Medical Director)(C) BMI:		(R)
7. (a) Blood Pre	essure (BP):	(b) Pulse rate (PR)	(c) Res j	piratory Rate
(RR):				
8. Central Nerv	ous (CNS):			
9 Chest				