

BONDO TECHNICAL TRAINING INSTITUTE



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APPLICANT'S MEDICAL REPORT FOR ADMISSION AT THE INSTITUTE

PAR 1: To be filled by Registered Medical Officer, FAILURE TO DISCLOSE Medical history in full may lead to rejection of the applicant for a course.

Full name and permanent address (in block letters)

Sex Date of birth.....

Medical Situation /History

	Condition	Please Tick (✓)			Please Tick (✓)
1	Tuberculosis		2	Pneumonia	
3	Pleurisy		4	Asthma	
5	Rheumatic		6	Allergic disorder	
7	Heart disease		8	Gastric/duodenal ulcer	
9	Recurrent indigestion		10	Jaundice	
11	Kidney disorder		12	Varicose vein	
13	Rapture		14	Diabetes	
15	Dysentery		16	Psychiatric	
17	Eye disorder		18	Ear, nose and throat disorder	
19	Skin disorder		20	Sickle cell	
21	Gynecological disorder		22	Tropical diseases/malaria	
23	Operations		24	Serious accidents	
25	Any other serious disorder		26	Neurological disorder/polio	

If any question above is answered yes, please give the following:

(a) Year	(b) Treatment received	(c) Any recurrences or lasting effect

PART 2: Medical examination Report (additional)

Important: The objective of the examination is to determine whether the candidate is physically fit to undertake a course of study or training at the institute subject to the pressure of new learning environment.

YOUR OPINION IS CONFIDENTIAL TO THE INSTITUTE AND SHOULD NOT BE DISCUSSED BY THE CANDIDATE.

Enter findings below. Amplify if necessary.

	General Appearance Consistence with State	Condition (Normal/not normal)		General Appearance Consistent with State	Condition (Normal/not normal)
1.	Age		2.	Respiratory system	
3.	Weight		4.	Chest movement	
5.	Urinalysis SG		6.	Breath sound	
7.	Sugar		8.	Alimentary system	
9.	Alburnen Deposits		10.	Abdomen liver	
11.	Eyes VA		12.	Spleen	
13.	Ears acuity		14.	Hernia	
15.	Nose &throat		16.	Reproductive system	
17.	Teeth		18.	Menstrual history	
19.	Loco motor System		20.	WR	
21.	Upper limb		22.	VDBL	
23.	Lower limb		24.	Klier	
25.	Cardiovascular		26.	Central nervous	
27.	System		28.	System	
29.	Pulse condition		30.	Psychiatric	
31.	Pulse rate condition of arteries		32.	Assessment	
33.	Fungi		34.	Reflexes	
35.	Heart size (AB)		36.	Others not covered above	
37.	BP				

Please comment on significant medical history

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Specify any current medical treatment

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Do you consider the applicant fit to undertake the proposed course of study or training?.....

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Signature of the examination doctor

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Name in block letters and medical qualification

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Address and Stamp

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