



Emmanuel Wesleyan Bible College

Educating Workers to Build the Church

MEDICAL EXAMINATION FORM

A Medical Doctor is to fill this form to determine the wellness and health of the student. The form must be treated confidentially and posted directly to the Institution via the address indicated below.

1) Name of Applicant _____ Age _____

2) Please indicate any observable reasons why the applicant may not participate in physical recreation, active sports or heavy labour.

3) Has the applicant suffered nervous or emotional breakdown in the past 5 years? (or at present). If so, please describe the condition and the treatment required, or given.

4) Is the applicant under any medical treatment now? If yes, please give details

5) In my opinion, the applicant's health is; Excellent__ Good__ Fair__ Poor__

6) Please give details of any significant medical history, in particular, anything that might have a bearing on the College community, such as

- a. Recurrent upper respiratory tract infections
- b. Chest infections, asthma, bronchitis, tuberculosis
- c. Heart disease, congenital, rheumatic
- d. Gastro-intestinal diseases, dyspepsia, colitis, infections of the liver, biliary tract, appendicitis
- e. Allergy,
- f. Any foods the applicant is allergic to

g) Any other comment

EXAMINATION

Height _____ Weight _____ Posture _____ Build and appearance _____

Hemoglobin _____ Pulse _____

a) Heart: Blood Pressure _____ Heart Sound _____ Abnormalities _____

b) Eyes: Inspection _____ Vision: Right _____ Left _____
Corrected _____ Corrected _____

c) Ears; Inspection _____ Hearing: Right _____ Left _____
Corrected _____ Corrected _____

d) Lungs: Right _____ Left: _____

e) _____

f) Teeth _____ Tonsils _____

g) Skin _____

h) Nose: _____ Sinuses _____

i) Chest X-Ray (6months) Date _____ Results _____

j) Urine Analysis; Albumin _____ Sugar _____ Deposit _____

k) Genito-urinary system _____ Any Abnormality _____

l) Spine: Mobility _____ Deformity _____

m) Endocrine system: Hyper or Hypo Throidism _____
Other Endocrine disfunction _____

n) Menses: Any dysmenorrhea sufficient to require bed rest or absence from duties: _____

o) General Remarks:

Signed _____ Date _____

Name: _____

Address _____