

MC1 – NTU Medical Check-up Form (Part I)

PART I: CONFIDENTIAL MEDICAL HISTORY (To be completed by the student)

PERSONAL PARTICULARS			
Full Name (Block Letter): <u>(to follow that of the offer letter)</u> Sex: _____			
Application No: <u>(to follow that of the offer letter)</u> IC No./Passport No.: <u>(follow passport or IC)</u> Date of Birth: <u>(DD/MON/YYYY)</u>			
Citizenship: _____ Programme of Study: _____ Mobile No.: <u>(pls add country code)</u> _____			
PERSONAL HISTORY		NO	YES
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, giddiness, fainting spells, epilepsy (fits), multiple sclerosis, nervous breakdown, anxiety disorder, depression, phobias, substance dependency, eating disorder, treated by psychiatrist or seen a counsellor before.			
2. EYE, EAR, NOSE, THROAT History of seeing black spots, bright lights, blur vision, hearing problems, ear infection, hearing loud noises (tinnitus), constant running nose, sneezing, blocked nose, nose bleeding.			
3. RESPIRATORY SYSTEM Asthma, frequent cough, tuberculosis, shortness of breath on and off.			
4. CARDIOVASCULAR SYSTEM Chest pain, palpitations, high blood pressure, heart murmur.			
5. GASTROINTESTINAL SYSTEM Gastric problem, frequent diarrhoea, constipation problem, stomach ulcer, abdominal pain on and off, bloatedness, piles (haemorrhoids).			
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only), hernia, sexually-transmitted infections.			
7. ENDOCRINE SYSTEM Thyroid problem, diabetes			
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprains, neck problem, shoulder problem, gout, previous fracture.			
9. SKIN Eczema, urticaria, fungal infection, psoriasis			
10. Any serious injuries, hospitalisation, operation			
11. Are you a Hepatitis B carrier?			
12. Any disability, impairment or special needs or illness/condition not mentioned above?			
13. FOR FEMALES ONLY History of breast lump, menses problem eg. irregular menses, menses pain, etc			
FAMILY HISTORY		NO	YES
1. Hypertension			
2. Heart Disease			
3. Stroke			
4. Diabetes			
5. Tuberculosis			
6. Mental Disorder			
7. Others			
SOCIAL HISTORY		NO	YES
1. Cigarettes			
2. Alcohol			
DRUG HISTORY		NO	YES
1. Drugs taken presently			
2. Allergy			

Data Protection Information

Your health records are held in confidence by the Medical Centre at NTU. NTU will be informed of the results of your health examination. If necessary, this information may be used to make adjustments to your academic or campus experience, particularly if it is relevant to your educational needs or impacts the safety of those you interact with.

Declaration

I hereby declare that I have not withheld any relevant information or made any misleading statement. I consent to my information being held and processed by the Medical Centre at NTU as described in the 'Data Protection Information' above.

Signature of applicant

Student's Signature

Date

MC1 – NTU Medical Check-up Form (Part II)

NANYANG TECHNOLOGICAL UNIVERSITY

PART II: REPORT OF MEDICAL EXAMINATION

(To be completed by a Registered Physician)

SIGNIFICANT MEDICAL HISTORY (including psychiatric disorders):	
<p>To write down past medical history for example and be as comprehensive as possible.</p> <p>Childhood asthma, no longer on inhalers</p> <p>History of depression, currently still on follow-up with psychiatrist, on Sertraline 50mg daily</p> <p>History of ADHD, currently on Ritalin</p> <p>History of Mitral Valve Prolapse, not on active followup</p> <p>Etc...</p>	
PHYSICAL EXAMINATION	
Height: <u>In metres</u> m	Weight: <u>in kilogram</u> kg
Vision: <u>R 6/</u> (write the actual number. E.g 6/12) <u>normal/</u> <u>L 6/</u> <u>aided/unaided</u> Colour Vision: <u>partial red green deficiency - wire test</u> Pass/ Fail	
Blood Pressure: (write actual BP e.g 120/80) _____ Pulse Rate: (actual Pulse Rate e.g 66/min) _____	
Cardiovascular System: (Normal / Abnormal (if abnormal, please state your clinical findings.)) _____	
Respiratory System: (Normal / Abnormal (if abnormal, please state your clinical findings.)) _____	
Abdomen (Note presence of hernia): (Normal / Abnormal (if abnormal, please state your clinical findings.)) _____	
Central Nervous System: (Normal / Abnormal (if abnormal, please state your clinical findings.)) _____	
Musculoskeletal System: (Normal / Abnormal (if abnormal, please state your clinical findings.)) _____	
Others: (Normal / Abnormal (if abnormal, please state your clinical findings.)) _____	
INVESTIGATION	
Urine Protein: (Dipstick suffices, Negative, 1+, etc) Sugar: (Negative, 1+, etc) _____ Others: (Negative, 1+, etc) _____	
Chest X-ray report: Only required for students pursuing LKC Medicine programs, Chinese Medicine, and for all International Students, which should be done within the last 3 months and film should be attached if done overseas. (Printed reports to be within 3 months and report to be signed off by certified radiologist on specialist board. GP or other specialty certification not recognized)	
OTHERS	
Is patient now under treatment for any physical/emotional condition?	
(Fill in Nil or actual medications or actual therapy being given)	
Do you have any recommendation regarding the care of this student?	
(Fill in assessment for whether any special concessions or care needed for the student's conditions)	
Any drug allergy?	

test ability to recognize wire color of those doing electrical work

I certify that I have this day examined the abovenamed and the results of medical examination are as set forth. In my opinion, he/she is found to be in good health and free from any physical defect, organic or nervous ailments or after effects thereof which might render him/her unfit to pursue or complete his/her university programme of studies.

(SIGNATURE)

Physician's Signature
Address:

(Print in BLOCK letters and write medical qualifications)

Name & Professional Qualifications

Date