FORTUNE UNIVERSITY, MAGAMA
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UNIVERSITY HEALTH SERVICES

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FORM FU/HS/01 · FRESH STUDENTS, 2026/2027

Medical Examination Form

Part 1 is completed by the student. Parts 2 and 3 must be completed by a registered medical practitioner at a government or registered private hospital, not more than three months before registration. Submit the completed form at the University Health Centre during registration. All information is confidential and is used only for your care.

1 STUDENT'S PARTICULARS AND HISTORY

Full name _____ **Application / matric no.** _____

Programme _____ **Date of birth** _____ **Sex** _____

Next of kin _____ **Next of kin phone** _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING?	YES	NO	IF YES, GIVE DETAILS
Asthma or other chest disease	☐	☐	
Tuberculosis	☐	☐	
Sickle cell disease	☐	☐	
Epilepsy or seizures	☐	☐	
Diabetes	☐	☐	
High blood pressure	☐	☐	
Heart disease	☐	☐	
Kidney disease	☐	☐	
Mental health condition	☐	☐	
Hearing or visual impairment	☐	☐	
Allergies (drugs, food)	☐	☐	
Major surgery or admission to hospital	☐	☐	
Disability needing support	☐	☐	

Current medication (if any) _____

Signature of student _____ **Date** _____ **Health card no. (office use)** _____

2 EXAMINATION (MEDICAL PRACTITIONER)

Height (cm) _____ **Weight (kg)** _____ **BMI** _____ **Pulse** _____

Blood pressure _____ **Temperature** _____ **Visual acuity R** _____ **Visual acuity L** _____

SYSTEM	NORMAL	ABNORMAL	FINDINGS
General appearance	☐	☐	
Eyes, ears, nose and throat	☐	☐	
Cardiovascular system	☐	☐	
Respiratory system	☐	☐	
Abdomen	☐	☐	
Central nervous system	☐	☐	
Musculoskeletal system	☐	☐	
Skin	☐	☐	
Mental state	☐	☐	

3 LABORATORY INVESTIGATIONS

TEST	RESULT
Blood group and Rhesus	
Haemoglobin genotype	
Packed cell volume (PCV)	
Hepatitis B surface antigen (HBsAg)	
Urinalysis	
Chest X-ray report (Nursing, Medical Laboratory Science and Public Health only)	

HIV testing is voluntary and confidential; it is not a condition of admission and its result must not be written on this form.

Immunisation: ☐ Hepatitis B ☐ Tetanus ☐ Yellow fever ☐ Meningitis ☐ COVID-19

4 CERTIFICATION

I certify that I have examined the student named above and find him/her

☐ medically fit for university studies ☐ fit, with the following recommendations ☐ not fit at present

Recommendations _____

Name of doctor _____ **MDCN folio no.** _____

Hospital _____ **Signature and date** _____

Hospital stamp