Lunesberg Medical Training College

Medical Form

Vantage Towers, Ruai Bypass Junction

Instructions:

- This form must be completed by all students before admission.
- All medical information provided will be treated with confidentiality.
- A medical examination by a registered medical practitioner is required.

Important: Please complete this form and have it signed by a registered medical practitioner.

SECTION A: PERSONAL INFORMATION

Full Name:

_____

Date of Birth:

_____

Gender:

☐ Male

☐ Female

ID/Passport Number:

_____

Phone Number:

_____

Email Address:

_____

Address:

_____

SECTION B: MEDICAL HISTORY

Do you have any chronic illness?

☐ Yes

☐ No

If yes, specify:

_____

Do you have any allergies?

☐ Yes

☐ No

If yes, specify:

_____

Are you on any medication?

☐ Yes

☐ No

If yes, specify:

_____

Do you have any disability?

☐ Yes

☐ No

If yes, specify:

_____

Blood Group:

_____

Any other medical condition:

_____

SECTION C: MEDICAL EXAMINATION

Height (cm):

_____

Weight (kg):

_____

Blood Pressure (mmHg):

_____

Vision:

Left: _____ Right: _____

Hearing:

☐ Normal

☐ Impaired

General Health:

☐ Good

☐ Fair

☐ Poor

SECTION D: DECLARATION

Student Declaration:

I declare that the information provided is true and complete to the best of my knowledge.

Student Signature: _____

Date: _____

Medical Practitioner Declaration:

I have examined the above-named student and confirm the medical information provided is accurate.

Practitioner Name: _____

Practitioner Signature: _____

Registration Number: _____

Date: _____