

HKMU STUDENT MEDICAL EXAMINATION FORM

PARTICULARS OF THE APPLICANT (STUDENT)

Surname: _____ Other Names: _____

Date of Birth: (dd/mm/yy) ____ / ____ / ____ Gender: _____

Faculty: _____

PART A: MEDICAL HISTORY

Seizures: _____

Chronic Illness: _____

Allergies: _____

Medications: _____

Significant Historical Information: _____

PART B: PHYSICAL EXAMINATION

General Appearance	Normal	Abnormal	Height (cm)		
Skin			Weight (kgs)		
Chest			Hearing	R	L
Heart			Vision	R	L
Abdomen			BP (mmHg)	Systolic	Diastolic
Genitalia					

Explain Abnormal Exam:

PART C: LABORATORY INVESTIGATIONS

1. Urinalysis	Sugar		Leucocytes		Protein	
2. Stool for ova						
3. Full Blood Count	Hb		Hct		TWBC&Diff	
4. Blood Group						

PART D: CHEST X-RAY EXAMINATION

X-Ray Report

PART E: AUTHORIZED PRACTITIONER

I have examined Mr./Miss/Ms _____ and consider that he / she
is _____

Name of Examiner: _____ Title of examiner: _____

Signed: _____ Date: _____

Official Stamp

Address: _____ Telephone: _____