



COLLEGE OF ISLAMIC STUDIES
MADINA, GHANA
OFFICE OF THE REGISTRAR

MEDICAL EXAMINATION REQUEST FORM

*To be completed, stamped, and signed by a licensed medical practitioner.
Please return the completed form to the College Registrar at the address provided.*

SECTION 1: STUDENT DETAILS

- **Full Name:** _____
- **Gender:** ☐ Male ☐ Female
- **Age:** _____
- **Height (cm):** _____
- **Weight (kg):** _____
- **BMI:** _____

SECTION 2: MEDICAL HISTORY (Past and Present)

SECTION 3: FAMILY MEDICAL HISTORY

(Please note any family history of chronic illnesses such as hypertension, diabetes, asthma, sickle cell disease, mental health disorders, etc.)

SECTION 4: GENERAL APPEARANCE

(State any visible signs of illness, nutritional status, level of alertness, or physical deformities)

SECTION 5: PHYSICAL EXAMINATION

(Examining physician should tick the relevant box and add comments if abnormal)

System	Normal	Abnormal	Comments
Cardiovascular			
Gastrointestinal (Hernia)			
Ear, Nose & Throat			
Nervous System			
Genito-Urinary			
Skin			

SECTION 6: LABORATORY INVESTIGATIONS

(Please indicate result or tick status)

Test	Done ☐	Result / Comments
Full Blood Count		
Random Blood Sugar		
Urine (Routine Examination)		
Blood Group		
Sickle Cell Screening		☐ Positive ☐ Negative ☐ Not Done
ESR (Erythrocyte Sedimentation Rate)		

SECTION 7: RADIOLOGICAL EXAMINATION

(Required: Chest X-ray)

Chest X-ray Result / Comments:

SECTION 8: GENERAL OBSERVATIONS & COMMENTS

(Please include any additional clinical impressions or relevant notes)

SECTION 9: CONCLUSION

(Final medical opinion regarding the student's fitness for admission)

☐ Medically Fit for Admission

☐ Requires Further Medical Evaluation

SECTION 10: CERTIFICATION BY EXAMINING PHYSICIAN

I hereby certify that I have personally examined the applicant and completed this form to the best of my knowledge and professional judgment.

- **Full Name of Doctor:** _____
- **Medical License/Registration No.:** _____
- **Facility / Hospital Name:** _____
- **Address of Facility:** _____
- **Phone Number:** _____
- **Signature:** _____
- **Date:** ____ / ____ / ____

Official Stamp