

# NOSAKHARE MODEL EDUCATION CENTRE

148 UPPER MISSION ROAD, NEW BENIN, BENIN CITY, EDO STATE, NIGERIA

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## MEDICAL EXAMINATION/REPORT

NAME OF STUDENT: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CLASS: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

### SECTION A: MEDICAL HISTORY:

1. **PREVIOUS ILLNESS:**

- a. Surgical: \_\_\_\_\_
- b. Medical: \_\_\_\_\_
- c. Others: \_\_\_\_\_

2. **Are you:**

- a. Asthmatic: \_\_\_\_\_
- b. A Sicklier ( Sickle Cell Disease): \_\_\_\_\_
- c. Epileptic: \_\_\_\_\_
- d. Do you have Tuberculosis: \_\_\_\_\_

3. **List the food items you react to:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

4. **List the drugs you react to:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

5. **Immunization: Are you immunized against:**

- |                   |           |          |
|-------------------|-----------|----------|
| a. Tuberculosis   | YES _____ | NO _____ |
| b. Poliomyelitis  | YES _____ | NO _____ |
| c. Measles        | YES _____ | NO _____ |
| d. Whooping Cough | YES _____ | NO _____ |

6. **Any Known Sleeping habit?**

- a. Sleeping Walking: \_\_\_\_\_
- b. Nightmares: \_\_\_\_\_
- c. Bed Wetting: \_\_\_\_\_
- d. Snoring: \_\_\_\_\_
- e. Others: \_\_\_\_\_

7. **Any known frequent ailment?** \_\_\_\_\_