

**CARIBBEAN NAZARENE COLLEGE**  
**P.O. Box 3781, Cantaro, Santa Cruz, Trinidad, West Indies**  
**Phone: 676-8714 Fax: 676-2092**

**MEDICAL EXAMINATION**

Name of Examinee .....  
Examinee's Address .....  
Name of Physician .....  
Physician's Address .....  
Are you currently taking medication? ..... If so, what? .....  
Reason for taking .....

**GENERAL:**

Examinee's age .....	Sex .....	Race .....	Nationality .....
First impression of health: (Encircle)		Physical	E-G-F-P**
		Nervous	E-G-F-P
Frame .....		Muscular development	E-G-F-P
		Posture	E-G-F-P
Height in shoes .....	inches	Weight in clothes .....	pounds
Temperature .....		Pulse .....	
Blood Pressure (sitting): Systolic .....		Diastolic .....	

**ALLERGIES:**

Medicines .....  
Foods ..... Other .....  
Special dietary needs .....  
.....

**HEAD AND NECK:**

Vision: Normal ..... Near-sighted ..... Far-sighted ..... Astigmatism .....  
Does examinee wear glasses? ..... Does examinee need glasses? .....  
Ears: Hearing: Left ear ..... Right ear .....  
Condition of ears .....  
Nose: Condition of nasal passage  
Mouth: Condition of mouth (gums, tonsils, etc.) .....  
Dental: Condition of teeth .....

**CHEST:**

Deformities ..... Breast .....  
Lung findings .....  
Heart functioning normally? .....  
Physical efforts cause undue stress to heart or respiration? .....

**ABDOMEN:**

Muscular tone ..... Protuberance (degree?) ..... Excess fat .....  
Enlargement of spleen, liver or kidney .....  
Masses ..... Hernia .....

**SKIN:**

Eruption or other skin conditions .....  
Scars from operations or accidents .....

**GENITO-URINARY:**

Urine: Gross appearance ..... pH (or reaction) .....  
Albumin ..... Sugar ..... Specific gravity .....  
Abnormalities in micturition (nocturnal frequency, etc.) .....  
Has examinee ever been told that he/ she had albuminuria?  
glycosuria? .....

If examinee is a woman:

Past and present state of uterine function .....  
Is she now pregnant? .....  
Number of children at full term .....  
How long since birth of last child? .....  
Has labour been difficult or dangerous? .....  
Miscarriages ..... When? ..... Circumstances .....

**SPINE AND EXTREMITIES:**

Spinal abnormalities .....  
Bone, joint, muscle, tendon, or allied conditions .....  
Deformities ..... Functional disabilities .....  
Feet abnormalities and symptoms .....

**NERVOUS SYSTEM:**

Reflexes: Pupillary L ..... R ..... Patellar .....

**NEURO-PSYCHIATRIC ASPECTS:**

Note evidences of deviation from normal, in fatigability, tension, emotional instability, depression, etc.; also possible causative situations and conflicts .....

.....  
.....  
.....  
Have you any reason whatever to suspect that examinee uses tobacco, or liquor, or that examinee has ever used narcotics? .....

**RECOMMENDATION:**

Do you recommend examinee as physically and emotionally capable of undertaking an intensive academic and vocational programme in an educational institution?

.....  
.....  
.....  
Any reservations? .....

.....  
Physicians signature ..... Date .....

\*\*E—Excellent; G—Good; F—Fair; P—Poor