

ASSEMBLIES OF GOD BIBLE COLLEGE (AGBC)

Accredited by the Asia Theological Association and the Asia Pacific Theological Association

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MEDICAL EXAMINATION FORM

(To be submitted with the Application of Admission Form)

Name: _____

Sex: [Male / Female] Date of Birth (dd/mm/yy): _____ / _____ / _____

Height (m): _____ Weight (kg): _____

Marital Status: [Single / Married / Divorced / Widowed / Others _____]

1. MEDICAL HISTORY

Past illnesses:

- | | | |
|-------------------------|---------------------|------------------|
| [] Allergies | [] Asthma | [] Diabetes |
| [] Menstrual cramps | [] Epilepsy | [] Hepatitis |
| [] High blood pressure | [] Kidney disorder | [] Migraine |
| [] Sinusitis | [] Skin problem | [] Tuberculosis |

Past operations, accidents, injuries: _____

Medications: _____

Smoking: _____ Alcohol: _____ Drug addiction: _____

Family history: _____

Social/psychiatric history: _____

2. GENERAL CONDITION

Ears: _____ Eyes: _____

Skin: _____

Breasts (for female students): _____

Other remarks: _____

3. CARDIO-VASCULAR SYSTEM

Heart: _____

Pulse: _____

Blood pressure: _____

Varicose Veins: _____

4. GLANDS

5. **RESPIRATORY SYSTEM**

Nose: _____

Lungs: _____

Chest X-ray: _____

6. **ALIMENTARY SYSTEM**

Mouth & Pharynx: _____

Teeth: _____

Abdomen: _____

7. **URINARY SYSTEM**

Urinalysis protein / glucose: _____

8. **NERVOUS SYSTEM**

9. **OTHERS**

HBs Antigen: _____ Antibodies: _____

VDRL and HIV: _____

BF for Malaria Parasites: _____

10. **GENERAL REMARKS**

I certify that _____ has been examined by me and has no significant physical or mental illness that will adversely affect his/her studies in AGBC.

I should advise that special care be given for his / her _____

Signature of Examining Doctor / Date

Name : _____

Clinic : _____

Address: _____

Contact: _____