

## ❖ MEDICAL EXAMINATION FORM

This form is also available from the USP website address: <http://www.usp.ac.fj/halls>

### SECTION A: PERSONAL DETAILS

Student ID Number:

Last Name:	First Name:	Date of Birth	Gender	Marital Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/>

Residential Address:

  


Telephone:

Fax:

Postal Address:

  


Email:

Nationality:

Program:	Major 1:	Major 2:	Minor:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and address of the school you last attended

  
  
 Ph:  Fax: 

Name and address of your employer

  
  
 Ph:  Fax: 

Next of Kin:

Name:

Relationship:

Phone:

Street Address:

  


### SECTION B: APPLICANTS MEDICAL HISTORY (To be completed by the applicant)

Have you ever suffered from malaria (treatment), diabetes, hypertension, heart condition, asthma or respiratory illness?  Yes  No

If yes, give details: \_\_\_\_\_

Have you suffered from any serious injuries or illness?  Yes  No

If yes, give details: \_\_\_\_\_

Have you had any surgical operation?  Yes  No

If yes, give details: \_\_\_\_\_

Have you or has any member of your family ever suffered from T.B, mental disease, fits or epilepsy or been treated in an institution for any of these diseases?  Yes  No

If yes, give details: \_\_\_\_\_

Have you been immunised against: T.B.?  Yes  No      Tetanus?  Yes  No      Polio?  Yes  No

Diphtheria?  Yes  No

Attach medical record card

Do you suffer from an allergy e.g. food, drugs, chemicals, plants, animals or others, etc?  Yes  No

If yes, give details: \_\_\_\_\_

### SECTION C: APPLICANT'S DECLARATION

I hereby certify that the above information supplied by me to the Medical Examiner is correct

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL EXAMINATION FORM

### SECTION D: EXAMINATION RESULTS (To be completed by the Medical Examiner)

Please complete all examinations.

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
2. Heart: \_\_\_\_\_ B.P.: \_\_\_\_\_
3. Lungs: \_\_\_\_\_
4. Nervous System: \_\_\_\_\_
5. Digestive System: \_\_\_\_\_
6. Genito Urinary Organs: \_\_\_\_\_
7. Bones & Joints: \_\_\_\_\_
8. Skin: \_\_\_\_\_
9. Hearing: \_\_\_\_\_
10. Sight: (a) Without glasses R: \_\_\_\_\_ L: \_\_\_\_\_ (b) With glasses R: \_\_\_\_\_ L: \_\_\_\_\_  
(c) Colour vision: \_\_\_\_\_
11. Sugar or albumen present in urine: \_\_\_\_\_
12. Chest x-ray result: \_\_\_\_\_
13. Other investigations: \_\_\_\_\_

### SECTION E: REMARKS (including suitability for residing on campus, special allergy, etc.)

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### SECTION F: MEDICAL EXAMINERS DECLARATION

Name: _____
Address: _____

Stamp: _____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This certificate must be sealed in an envelope addressed to the recipient below, with the Medical Examiners stamp and signature appearing across the seal and returned to the student who will send it with the Accommodation Application Form (HOR.1).

### COMPLETED FORMS AND ENQUIRIES SHOULD BE DIRECTED TO:

**Manager, Halls of Residence**

The University of the South Pacific  
Laucala Campus  
Private Mail Bag  
Suva, Fiji Islands

Phone: (679) 323 2281  
Fax: (679) 323 1536  
Email: halls@usp.ac.fj  
Web: www.usp.ac.fj/halls