



MC1 – NTU Health Screening Form (Part I)

PART I: CONFIDENTIAL MEDICAL HISTORY (To be completed by the student)

PERSONAL PARTICULARS							
Full Name(Block Letter): <u>ZHOU SHENYU</u>		Sex: <u>Male</u>					
Application No: <u>C2590498</u>		NRIC No./Passport No.: <u>EH7488575</u>					
Date of Birth: <u>14/02/2002</u>		Citizenship: <u>CHINESE</u>					
Programme of Study: <u>C2572 M.Sc. (Power ENG)</u>		Mobile No.: <u>+86 13613953099</u>					
PERSONAL HISTORY	NO	YES	If yes, give details & dates				
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, giddiness, fainting spells, epilepsy (fits), multiple sclerosis, nervous breakdown, anxiety disorder, depression, phobias, substance dependency, eating disorder, treated by psychiatrist or seen a counsellor before.	<input checked="" type="checkbox"/>						
2. EYE, EAR, NOSE, THROAT History of seeing black spots, bright lights, blur vision, hearing problems, ear infection, hearing loud noises (tinnitus), constant running nose, sneezing, blocked nose, nose bleeding.	<input checked="" type="checkbox"/>						
3. RESPIRATORY SYSTEM Asthma, frequent cough, tuberculosis, shortness of breath on and off.	<input checked="" type="checkbox"/>						
4. CARDIOVASCULAR SYSTEM Chest pain, palpitations, high blood pressure, heart murmur.	<input checked="" type="checkbox"/>						
5. GASTROINTESTINAL SYSTEM Gastric problem, frequent diarrhoea, constipation problem, stomach ulcer, abdominal pain on and off, bloatedness, piles (haemorrhoids).	<input checked="" type="checkbox"/>						
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only), hernia, sexually-transmitted infections.	<input checked="" type="checkbox"/>						
7. ENDOCRINE SYSTEM Thyroid problem, diabetes	<input checked="" type="checkbox"/>						
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprains, neck problem, shoulder problem, gout, previous fracture.	<input checked="" type="checkbox"/>						
9. SKIN Eczema, urticaria, fungal infection, psoriasis	<input checked="" type="checkbox"/>						
10. Any serious injuries, hospitalisation, operation	<input checked="" type="checkbox"/>						
11. Are you a Hepatitis B carrier?	<input checked="" type="checkbox"/>						
12. Any disability, impairment or special needs or illness/condition not mentioned above?	<input checked="" type="checkbox"/>						
13. FOR FEMALES ONLY History of breast lump, menses problem eg. irregular menses, menses pain, etc							
FAMILY HISTORY	NO	YES	If yes, give details & dates	SOCIAL HISTORY	NO	YES	If yes, give details & dates
1. Hypertension	<input checked="" type="checkbox"/>			1. Cigarettes	<input checked="" type="checkbox"/>		No. of cigarettes/day: No. of years:
2. Heart Disease	<input checked="" type="checkbox"/>						
3. Stroke	<input checked="" type="checkbox"/>			2. Alcohol	<input checked="" type="checkbox"/>		
4. Diabetes	<input checked="" type="checkbox"/>			DRUG HISTORY	NO	YES	If yes, give details & dates
5. Tuberculosis	<input checked="" type="checkbox"/>			1. Drug taken presently	<input checked="" type="checkbox"/>		
6. Mental Disorder	<input checked="" type="checkbox"/>			2. Allergy	<input checked="" type="checkbox"/>		
7. Others	<input checked="" type="checkbox"/>						

Data Protection Information

Your health records are held in confidence by the Medical Centre at NTU. NTU will be informed of the results of your health examination. If necessary, this information may be used to make adjustments to your academic or campus experience, particularly if it is relevant to your educational needs or impacts the safety of those you interact with.

Declaration

I hereby declare that I have not withheld any relevant information or made any misleading statement. I consent to my information being held and processed by the Medical Centre at NTU as described in the 'Data Protection Information' above.


Student's Signature

25/12/25
Date

MC1

MC1 – NTU Medical Examination Form (Part II)

NANYANG TECHNOLOGICAL UNIVERSITY

PART II: REPORT OF MEDICAL EXAMINATION

(To be completed by a Registered Physician)

SIGNIFICANT MEDICAL HISTORY (including psychiatric disorders):

PHYSICAL EXAMINATION

Height: 1.81 m Weight: 74 kg Vision: R 6/6 L 6/6 aided unaided Colour Vision: normal ~~partial red green deficiency~~ - wire test Pass/ Fail

Blood Pressure: 125/69 mmHg Pulse Rate: 85 t/min

Cardiovascular System: Normal

Respiratory System: Normal

Abdomen (~~Note presence of hernia~~): Normal

Central Nervous System: Normal

Musculoskeletal System: Normal

Others: _____

INVESTIGATION

Urine Protein: negative Sugar: negative Others: /

Chest X-ray report: Only required for students pursuing LKC Medicine programs, Chinese Medicine, Early Childhood, and for all International Students, which should be done within the last 3 months and film should be attached if done overseas.

OTHERS

Is patient now under treatment for any physical/emotional condition?

Do you have any recommendation regarding the care of this student?

Any drug allergy?

I certify that I have this day examined the abovenamed and the results of medical examination are as set forth. In my opinion, he/she is found to be in good health and free from any physical defect, organic or nervous ailments or after effects thereof which might render him/her unfit to pursue or complete his/her university programme of studies.

Physician's Signature
Address:

江苏国际旅行卫生保健中心
Jiangsu International Travel Healthcare Center
39 Chuangzhi road
210019, Nanjing, P. R. China
TEL: 025-52345700 FAX: 025-52345706

郭晔 GUO YE

License # 1203370109080054

Date

15-DEC-2015