

MC1 – NTU Health Screening Form (Part I)

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

PERSONAL PARTICULARS											
Full Name (Block Letter):	ZHOU SHENYU										
Application No.:	C 2590498	NRIC No./Passport No.:	EH7488575	Date of Birth:	14/02/2002						
Citizenship:	CHINESE	Programme of Study:	C2572 M.Sc. (Power Eng)	Mobile No.:	8613613953099						
PERSONAL HISTORY			NO	YES	If yes, give details & dates						
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, dizziness, fainting spells, epilepsy (fits), multiple sclerosis, nervous breakdown, anxiety disorder, depression, phobias, substance dependency, eating disorder, treated by psychiatrist or seen a counsellor before.			✓								
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.			✓								
3. RESPIRATORY SYSTEM Asthma, frequent cough, tuberculosis, shortness of breath on and off.			✓								
4. CARDIOVASCULAR SYSTEM Chest pain, palpitations, high blood pressure, heart murmur.			✓								
5. GASTROINTESTINAL SYSTEM Gastric problem, frequent diarrhoea, constipation problem, stomach ulcer, abdominal pain on and off, bloatedness, piles (haemorrhoids).			✓								
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only), hernia, sexually-transmitted infections.			✓								
7. ENDOCRINE SYSTEM Thyroid problem, diabetes			✓								
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprains, neck problem, shoulder problem, gout, previous fracture.			✓								
9. SKIN Eczema, urticaria, fungal infection, psoriasis			✓								
10. Any serious injuries, hospitalisation, operation			✓								
11. Are you a Hepatitis B carrier?			✓								
12. Any disability, impairment or special needs or illness/condition not mentioned above?			✓								
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			✓			1. Cigarettes			✓		No. of cigarettes/day: No. of years:
2. Heart Disease			✓			2. Alcohol			✓		
3. Stroke			✓			DRUG HISTORY			NO	YES	If yes, give details & dates
4. Diabetes			✓			1. Drug taken presently			✓		
5. Tuberculosis			✓			2. Allergy			✓		
6. Mental Disorder			✓								
7. Others			✓								

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 – 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: 125/160 mm Hg Pulse Rate: 85 t/min

Cardiovascular System: NormalRespiratory System: NormalAbdomen (Note presence of hernia): NormalCentral Nervous System: NormalMusculoskeletal 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:Name & Professional Qualifications: Guo YeDate: 15-DEC-2015

Name & Professional Qualifications: