

**CYRIL POTTER COLLEGE OF EDUCATION**

**MEDICAL FORM**

**Medical Report on the Health of the Teacher -Trainee for admission to the Cyril Potter College of Education**

**A. To be completed by the Teacher-Trainee.**

1. \_\_\_\_\_  
Surname Forename(s)
2. Sex: Male [ ] Female [ ]
3. Date of Birth: \_\_\_\_\_  
Year Month Day
4. Place \_\_\_\_\_ of \_\_\_\_\_ Birth: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Place of Employment: \_\_\_\_\_
7. Marital Status: Single [ ] Married [ ] Divorced [ ] Widowed [ ] Common Law [ ]
8. Number of Children: \_\_\_\_\_

**QUESTIONNAIRE – Personal History**

**B. To be Completed by the Medical Examiner**

<b>Have you ever had:</b>	<b>Please answer YES or NO. If yes, GIVE details of description, dates and duration, etc.</b>
a) An allergy – hay fever, Asthma?	
b) Back injury, Arthritis, Osteomyelitis, Rheumatic Fever, Disorder of Bones, Joints or Spine?	
c) Epilepsy- fits, convulsions Nervous breakdown, Nervous or Mental Trouble, Fainting Spells, Dizziness, Insomnia?	
d) (i) Wine, beer, spirit or any other form of alcohol – State amount and frequency. (ii) Habit forming drugs? If so, to what extent? And have you ever sought advice or treatment for alcohol or drug addiction?	
e) Treatment for diabetes, high or low pressure, disorders of the heart or blood vessel? (Hemorrhoids and Varicose Veins included)	

f) Habitual cough, Pleurisy, Tuberculosis or disorder of the Respiratory System?	
g) Indigestion, Ulcer, disorder of the Stomach, Intestine, Gallbladder or Liver?	

<b>Have you ever had:</b>	<b>Please answer YES or NO. If yes, GIVE details of description, dates and duration, etc.</b>
h) Kidney Stones or Colic, disorder of the Genitor – Urinary System Male (Female) organs?	
i) Cancer, Tumor, Syphilis, disorder of the Blood, Skin or Lymphatics	
j) Treatment or observation in any hospital or institution?	
k) Any accident, injury or operation other than those mentioned above?	
<b>Question (l) and (m) to be answered by females only.</b>	
l) A Miscarriage or Caesarean Section?	
m) Any pregnancies? If so, how many and what is the most recent?	

**These questions are answered truly to the best of my knowledge and belief, I understand that any misrepresentation of facts in a reasonable basis for release.**

\_\_\_\_\_  
Signature of Teacher-Trainee

\_\_\_\_\_  
Date

**C. To be Completed by the Medical Examiner**

System Examined	Details
<b>1. General</b>	
a) General Appearance	
b) Nose	
c) Tonsils and Pharynx	
d) Teeth	
e) Neck	
f) Lymph nodes	
<b>2. Respiratory</b>	
a) Is the chest well-formed and developed?	
b) Is the expansion good and equal?	
c) Do percussion and auscultation reveal any evidence of disease?	
d) X-ray if indicated	

System Examined	Details
<b>3. Cardiovascular</b>	
a) Apex Heart	
b) Pulse rate: <ul style="list-style-type: none"> <li>● At rest</li> <li>● Immediately after exercise</li> <li>● Two minutes after exercise</li> </ul>	
c) Blood pressure (by auscultatory method)d having been assured that the patient is under no form of treatment which may influence reading).	
d) Did physical effort cause undue cardiac or respiratory distress?	
e) Is there any sign of Cardiac Failure?	
<b>4. Abdomen</b>	

a) If spleen, kidney or liver is enlarged, or mass found, state extent.	
b) Hernia, Piles, Hydrocele.	
c) Extremities- deformities Elephantiasis, Varicosities, Ulcers or Skin disease.	
d) Back	
e) Skin, including marks of severe injury, scars or operations and signs of disease.	
<b>5. Nervous</b>	
a) Eyes – External Appearance	
b) Colour Vision	
c) Pupils	
d) i) Acuity with glasses ii) Acuity without glasses	
e) Eye Movements	
f) Fundi	
g) Ear i) External Appearance ii) Hearing	
h) Power and Tone of Muscles	
i) Romberg's Sign	
j) Plantar Reflex	
k) Psychological assessment of patient during history taking an examination.	
<b>6. Any other observations?</b>	

**D. Conclusion**

1. Taking all the evidence into consideration and reviewing carefully all the features of the case, do you consider the candidate suitable for undertaking physical and mental demands of a teacher training programme?

---

---

2. If found unfit for training, the case and its permanency or otherwise, should be clearly stated, together with a recommendation as to whether the candidate should be re-examined at a stated interval after treatment.

---

---

---

---

---

Signature of Medical Examiner

---

Date