



Medical Examination Form

Surname Other Names

Age Sex Male Female

I hereby certificate that I have this day examined the Candidate applying to study at Jordan University College
and in my opinion he/she is Fit Unfit for studies in the University.

1. Physique 2. Mental state

3. Previous illness

4. RESPIRATORY SYSTEM

Girth Full Inspiration

Full Expiration

a) Any abnormality on clinical examination

b) X-ray of chest

5. CARDIO-VASCULAR SYSTEM

a) Rate o pulse Quality of pulse

b) Any cardiac abnormality

c) Blood pressure

d) Any varicose veins

6. ALIMINARY SYSTEM AND ABDOMENT

a) Any symptoms

b) Condition of: (i) Mouth

(ii) Teeth (iii) Tonsil

c) Any abnormality of (i) Liver

(ii) Spleen

d) Any hernias

e) Any hermorrhoids

Date: Signature& Seal: