

GHANA INSTITUTE OF JOURNALISM
MEDICAL REPORT FORM



NAME:.....SEX.....DATE OF BIRTH.....

INDEX NUMBER:.....PROGRAMME:.....

PHYSICAL EXAMINATION

Height:.....Weight.....BMI.....BP.....

LABORATORY

Check Normal and Abnormal

Blood Sugar

Full Blood Count

Sickle Cell Disease

X-RAY

SCREENING

Vision:

Right Eye: Pass Fail

Left Eye: Pass Fail

Hearing:

Right Ear: Pass Fail

Left Ear: Pass Fail

Additional Remarks:

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In view of the above findings, I declare him/her **FIT/UNFIT** for admission into the Institute.

Name:.....

Signature:.....

Stamp:.....

Official Position:.....

Date:.....