



ADEYEMI COLLEGE OF EDUCATION ONDO, ONDO STATE

HEALTH CENTRE

MEDICAL REPORT

Name: Age: Sex:

Department: Phone No:

Matriculation No: State: Nationality:

Address:

Address of Next of Kin(NOK):

..... Phone Number of NOK:

GENERAL EXAMINATION

Weight:

Height:

Pulse:

Blood Pressure:

Others:

INVESTIGATION

PCV:

Urinalysis:

Blood Group:

Genotype:

Chest X-ray:

Others:

MEDICAL CERTIFICATE

I have examined the above named student and is certified medically for academic activities.

.....
Medical Officer