

IMMACULATE CONCEPTION COLLEGE,
MEDICAL REPORT(To be Filled Only By a Physician)

GENERAL EXAMINATION

- (1) Chest X-ray (Radiologist's Report and film to be attached)

DATE:.....NO.....

RESULT..... (2)

LABORATORY EXAMINATION: (Original Lab results to be attached)

- (a) Urine analysis:
 - (b) Blood test: (genotype, HB, PCV, Blood group) (c) Stool test (parasitic worm, cysts, ova)
 - (d) HIV test
 - (e) HBV test
- (3) **MANTOUX TESTS:** (If negative, take BCG Vaccine immediately)
- (4) **Kindly note that all new students have to be vaccinated against chicken pox and MMR (Measles, Mumps and Rubella) vaccine taken and proof/certificate of vaccine collected from the hospital. This will be presented and submitted to the College Medical Team**
- (5) **Any one without proof of the above vaccines will not be cleared for collection of books.**

I, Dr..... Certify that detailed examination has been carried out.

If find Master..... To be in good/poor health and with/without symptoms of contagious diseases.

.....
Signature of Physician & Date

Stamp of Physician

.....
Phone Numbers

.....Father's
Mother's Phone Numbers

Results of tests properly signed and stamped will be accepted only from St. Philomena Catholic Hospital, Benin City, University of Benin Teaching Hospital, Benin City or any Government Hospital.

Please Note:

Your son/ward will be **EXPELLED** from Immaculate Conception College at any point in time **(including examination periods or even upon resumption)** if found to have asthma, sickle cell Anemia, HIV/AIDS or any chronic, terminal or contagious condition **not disclosed** to the College Management on interview day or well before resumption.

In this regard, we promise absolute confidentiality so as not to destroy your son's/ward's self- Esteem.

This form must be submitted on the day of collection of books to our Medical Team.