To the responsible physicians:

The United Arab Emirates University, the Higher Colleges of Technology, Zayed University, and Scholarships Department require that students who are accepted into their institutions have the attached medical certificate complete.

Please conduct a medical examination of this student and complete the attached Student Medical Examination Form. Please attach a detailed medical report to clarify any medical condition, as well as your recommendations for academic support or accommodation for this condition.

If a student claims to have a medical condition not covered by this medical examination, evidence of the condition must be provided to the examining physician and information on the condition must be attached to this form.

The information provided in this document is intended to support students in their academic success and will not prevent their acceptance into the institutions.

All information on this form will be kept strictly confidential.

The completed medical form is to be returned in two weeks after the examination is done to the nearest Health Zone Office where it will be picked up by the National Admissions and Placement Office (NAPO) staff.

Thank you for your assistance.

This form must be completed by an authorized medical center

P.O. Box 45372, Abu Dhabi, UAE
Tel: 02-642 8400 Fax: 02-642 7172
E-mail: ask@napo.ae Web: www.napo.ae
PHYSICAL EXAMINATION

Height: ........................................ B.P.: ........................................
Weight: ........................................ Pulse: ........................................
BMI: ........................................

ABDOMINAL EXAMINATION

Liver: ........................................ Spleen: ........................................
Hernia: ........................................

CHEST EXAMINATION

Heart: ........................................ Lungs (chest X-ray, if needed): ........................................

EYE EXAMINATION (Visual acuity)

Rt Eye(with/without glasses): ........................................ Lt Eye (with/without glasses): ........................................

HEARING EXAMINATION

Laboratory results (Blood Group)

Blood group & RH: ........................................ RBS: ........................................
CBC: ........................................ ESR: ........................................
TB: ........................................ Hepatitis (A): ........................................
HB: ........................................ Hepatitis (B): ........................................
HIV: ........................................ Hepatitis (C): ........................................

Urine analysis

Fit
Fit with special needs: ........................................

Unfit

Infectious Disease (specify)
Comments & recommendations:

Disability (specify)
Comments & recommendations:

Long treatment disease (specify)
Comments & recommendations:

Others (specify)
Comments & recommendations:

Health center: ........................................

Doctor's name & signature: ........................................

Medical History

Have you ever had any surgery?

Do you take any medicine on a regular basis?

Do you use any medical devices?

Are you allergic to any medicine?

Are you allergic to any food?

Any additional vaccinations

Do you have a Health Insurance Card?

Have you had all the required vaccinations?

Have you had any of the following?

Health center: ........................................

Student's signature: ........................................