Form A

UNIVERSITY OF LAGOS

SCHOOL OF POST GRADUATE STUDIES
LAGOS, NIGERIA

This letter MUST be completed and returned UNFAILINGLY together with the N.............. non-refundable deposit to the Admission Officer, School of postgraduate Studies on the acceptance of the offer of admission. Failure to return it within the stipulated time may result in forfeiture of place offered.

NAME...

ADDRESS..

....

....

Date..

The Admissions Officer,
School of Postgraduate Studies,
University of Lagos.

Dear Sir/Madam,

LETTER OF ACCEPTANCE OF OFFER OF ADMISSION INTO POSTGRADUATE SCHOOL

With reference to your letter of admission dated .... I hereby accept the offer of admission into the Postgraduate School, University of Lagos for the academic year beginning in ....in accordance with all the conditions stipulated in the admission letter, as well as those governing the admission of students generally under the relevant University Regulations.

I enclose herewith a photocopy for the receipt No .... for the N................. NON-REFUNDABLE deposit.

Yours faithfully,

....
Signature & Date

Name in Full Mr/Mrs/Miss..
(Surname First, in block letters)
Department..

Course of Study...

N.B.

Students are to note that accommodation for Post-graduate students is limited and preference is given to the students pursuing course work degree programmes. Also, accommodation of Post-graduate students shall be in accordance with the relevant University and respective Halls' Rules and Regulations governing the accommodation of students in the University's Hall of Residence. Balloting for accommodation spaces takes place during the first three day of resumption and is conducted by the students themselves. There will be no second chance.

UNIVERSITY OF LAGOS

Form B.1

STUDENT ENTRANCE MEDICAL EXAMINATION

Students are requested to complete PART I of this form with the help of a Medical Doctor, and have PART II completed by the same Medical Officer. The form should then be returned direct to the Director of Health Services of the University of Lagos. The information will be treated in strict confidence.

PART I (to be filled in by student)

Surname..

Other Names...

Age next birthday..........................Sex ....Married/Single.................................

Nationality .... Tribe ....

Faculty ....

(a) Would you say your health was good / fair / poor?...

(b) Have you ever been admitted as an in-patient into a hospital..

If so, please state reason for admission, name of hospital and date...
....

....

....

(c) Give details of any serious illness, injuries and accident, fractures or operations you have had

....

(d) Do you suffer from or have you suffered from any of the following:

(i) Tuberculosis Yes ☐ No ☐

(ii) Any respiratory disease

(a) Asthma Yes ☐ No ☐

(b) Bronchitis Yes ☐ No ☐

(iii) Any disease of the digestive system Yes ☐ No ☐

(iv) Any disease of the heart

(a) High Blood pressure Yes ☐ No ☐

(b) Headache (recurrent) Yes ☐ No ☐

(v) Any disease of the genitourinary Yes ☐ No ☐

(vi) Bone, Joint disease or other Deformity Yes ☐ No ☐

(vii) Eye, Ears, Nose or Throat trouble Yes ☐ No ☐

(viii) Nervous disease

(a) Epilepsy / Fits Yes ☐ No ☐

(b) Dizziness / Fainting Yes ☐ No ☐

(ix) Drug Sensitivity Yes ☐ No ☐

(x) Hay Fever Yes ☐ No ☐

(xi) Menstrual disorders Yes ☐ No ☐

(xii) Migraine Yes ☐ No ☐

(xiii) Schistosontiasis Yes ☐ No ☐

If the answer to any of the above is Yes, please give details with dates:...

....

....

....

(e) Did you or do you smoke:?.. Since when?..

what quantity per day? ....

(f) What activities do you enjoy in your spare time?..

Do you take part in any athletic pursuit: Regularly ☐ Occasionally ☐ Rarely ☐ Not at all ☐

Did you represent your school at my Sport? ....

If so, which...

(g) Do you get very anxious at the time of class tests or exams.?...

(h) If there are any other relevant details of your medical history not covered by the above question, please give

particulars;...

....

....

....

(i) Is your family a healthy one? ....

Has any of your family suffered from tuberculosis, insanity or mental disease? ....

For Female Students

(j) Have you suffered from disease of the breasts or sexual organs? ....

On what date did your last menstrual period start?...

Obstetrics History Gravida .... Para ....

(k) Have you been immunised against any of the following:

			Date				Date
Smallpox	Yes ☐	No ☐		Yellow Fever	Yes ☐	No ☐	....
Tetanus	Yes ☐	No ☐	....	Typhoid .	Yes ☐	No ☐	....
Tuberculosis	Yes ☐	No ☐	....	Others	Yes ☐	No ☐	....
Poliomyelitis	Yes ☐	No ☐	....				

Date...

....
Student s Signature

Form B 3

PART II (to be completed by a Registered Medical Practitioner)

Metric:..................

Visual acuity:

without glasses R.6/ L.6/
with glasses R.6/ L.6/

Snellens or Similar Test Type

Hearing Left
Right

Eyes
Ears. Nose & Sinuses
Pharynx
Teeth & Throat
Lymphatic Glands
Chest & Lungs
C. N. S.: Pupillary reflexes
Spinal reflexes

Any other observations:

Circulatory System
Heart (size & position)
Heart sound
Blood pressure
Pulse

Respiratory System: Lungs
Abdomen : Liver
Spleen
Hernia
Haemorrhoids / Fistula

Urine: Alb.
Sugar
Protein
Other deposits
Stool exam. Parasites
Occult blood
Blood: HB%
P.C.V.
W.B.C. & Differential

Assessment: I have today examined M...
and he/she is/is not, in my position, free from physical defect, organic or nervous ailment or their after effects likely to impair or disturb mental and physical activity in a University.

He / she is free / not free from infectious diseases.

I assess his/her health and physical condition as Excellent ☐ Good ☐ Fair ☐ Poor ☐

Any other observation

Date:…………………………………………..

Signature of physician…………………………………………………………

Full Name...

Address:...

PART III (to be completed by the University Medical Officer)
Tuberculin Test (Mantoux)

MMR. Chest X - Ray:

Remarks:

Date: …………………………………………………………..

Director of Health Services
University of Lagos

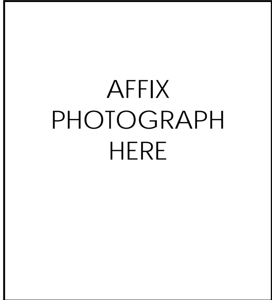
UNIVERSITY OF LAGOS

Form C.1

STUDENT

HEALTH SERVICE QUESTIONNAIRE

NOTE: The Health Forms must be completed and submitted to the Medical Centre before Matriculation and a Clearance Ticket obtained. No student will be allowed to receive treatment at the Medical Centre unless he/she has been registered. Every student is expected to show his/her registration card on reporting for treatment.



AFFIX PHOTOGRAPH HERE

SURNAME:..

FIRST NAME(S): ....

HOME TOWN ADDRESS: ....

………

YEAR OF ADMISSION: .... DATE OF BIRTH: ....

FACULTY:...

(Change of Faculty must be notified to the Medical Centre)

PARENT:

NAME:..

ADDRESS: Office:……………………..

Residence:..

Telephone No. Office:...Residence:................................,....

LOCAL GUARDIAN:

NAME:..

RELATIONSHIP:..

ADDRESS: Office:...

Residence:..

Telephone No. Office:...Residence:....................................

AGE:....................................... SEX:................................ MARITAL STATUS………………………………

M.S.W:…………………...........

NATIONALITY:... ETHNIC GROUP:...

Form C,2

DATE OF ARRIVAL IN WEST AFRICA:..

DATE OF LAST TETANUS TOXID:..

CHEST X-RAY:...
(will be taken at the Medical Centre on registration)

DATE:.. ....
SIGNATURE