



Wisconsin

International University College, Ghana

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STUDENT MEDICAL EXAMINATION NOTICE

As a valued member of Wisconsin International University College Ghana, your health and well-being are of utmost importance to us. To ensure a safe and healthy learning environment, it is mandatory for all new/fresh students to undergo a compulsory comprehensive medical examination. This process is designed, among other things to identify and manage health conditions, prevent the spread of communicable diseases, support your academic journey and provide emergency information

Prerequisite for Course Registration

Please note that the submission of a completed medical examination form is a condition for proceeding with course registration. Students will not be able to complete their registration processes without fulfilling this requirement.

Qualified Medical Examination

The medical examination must be carried out by a qualified and registered doctor. This ensures that the examination is thorough and accurate, providing the necessary assurance of your health status.

Guidelines for submission

All new/fresh students are required to complete and submit their medical examination forms at the University clinic, sealed in envelope. The medical officer will endorse and sign your course registration form (from the Accounts Office) before proceeding to your respective faculty/school to complete registration. Failure to do this on time may result in delays in registration or restrictions on access to certain campus facilities.

Your cooperation in this important exercise is appreciated as we work together to maintain a healthy and supportive university environment.

Attached is a downloadable Student Medication Examination form.

JANUARY 15, 2025

STUDENTS MEDICAL EXAMINATION FORM

I certify that I have examined:

NAME:
 PHONE NO:..... AGE.....
 COURSE:.....
 WEIGHT:Kg HEIGHT.....Mt

DATE:
 I.D NO:
 GENDER.....
 LEVEL.....
 BML..... kg/m2

MEDICAL HISTORY

Dizziness	Y	N	Weight loss/Gain	Y	N
Persistent Cough	Y	N	Asthma	Y	N
Recurrent heachache	Y	N	Palpitation	Y	N
Heart burns	Y	N	Diabetes	Y	N
Jaundice	Y	N	Epilepsy	Y	N
Hypertension	Y	N	Physically Challenged	Y	N
Allergy	Y	N	Explain:		

FINDING ON EXAMINATION

GENERAL ASSESSMENT..... HEIGHT:..... WEIGHT:.....
 MOUTH AND TEETH:
 CVS: BP:
 RESP. SYSTEM:.....
 ABDOMEN:
 CNS:
 MSS/SKIN:
 VISION: RT: LT: HEARING.....
 LMP:
 IMMUNIZATION RECORDS:

INVESTIGATIONS

HB: WBC: SICKLING: HB EL: BLOOD GROUP.....
 G6PD..... UNRINE-R/E..... STOOL-R/E.....
 CHEST X-RAY:
 OTHER TESTS (WHERE APPLICATION):
 MEDICAL FIT/UNIT:
 NAME OF DOCTOR:

SIGNATURE & STAMP:..... DATE: