বাংলাদেশ প্রকৌশল বিশ্ববিদ্যালয়, ঢাকা
চিকিৎসা কেন্দ্র

PABX: 9665625 Ext. 7798, 6666 (emergency)
Email address: cmo@medical.buet.ac.bd

MEDICAL SCREENING FORM FOR ADMISSION

Part I: Personal Information: to be filled up by the student

Admission Test Roll No.		Merit Position	

Full Name ..... Gender ☐ Male ☐ Female

Father's Name ..... Age .....

Personal Identification Mark (if any) .....

Mobile Phone No. ..... Email Address .....

In case of emergency, person to contact ..... Relationship .....

Emergency Contact No. ..... Email Address .....

1. Are you currently under treatment or have been treated for any long-term physical condition?

☐ No ☐ Yes

If "Yes", please provide details (Please use a separate sheet/ attachment if necessary)

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2. Are you currently under treatment or have been treated by a psychiatrist, clinical psychologist, or other mental health professional?

☐ No ☐ Yes

If "Yes", please provide details (diagnosis, treatment, date and duration etc. –Please use a separate sheet/ attachment if necessary).

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3. Have you been affected with COVID -19?

☐ No ☐ Yes

If "Yes" then provide the following information

Date: .....

4. Have you been Vaccinated for COVID-19?

☐ No ☐ Yes (If "Yes" then provide the following information)

Name of the Vaccine .....

☐ Dose 01 Completed ☐ Dose 02 Completed (please attach certificate if available)

Personal Medical History:

Have you suffered from or undergone any of the following? Please tick (✓) "No", "Yes" or "Not Known". If "Yes" please provide condition and duration.

	No	Yes	Not Known	Details		No	Yes	Not Known	Details
Allergies					Injuries or Deformities				
Acute/ Chronic Respiratory Disorder					Kidney/ Urinary Disorders				
Blood Disorders					Muscular/ Joint Disorders				
Gastro-intestinal Disorders					Skin Disorders				
Heart Disorders					Surgical Procedures				
Others									

I hereby, certify that the answers given by me to the above listed questions are correct and true.
I hereby consent to BUET for collecting and using the information that I have provided herein for the purpose of my admission to BUET.

Signature of Student ..... Date .....

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Part II: Medical Information

(Note: To be completed by a registered physician, who is not a relative of the student)

Student's Full Name _____

Height (cm) _____ Weight (kg) _____

Blood Pressure _____ / _____ mmHg Pulse Rate _____ per minute

Visual Acuity Right Eye: 6 / _____ ☐ Regular

Left Eye : 6 / _____ ☐ Irregular

Chest Measurement (cm)

Regular _____ While Inhaling _____ While Exhaling _____

Clinical Observation *(in case no abnormalities are detected, please put "NAD" (No Abnormalities Detected)*

Skin Disease		Ear	
Anemia		Nose	
Hernia		Throat	
Hydrocele		Other (if any)	

Please examine the following systems and indicate any abnormalities:
(Please tick (✓) whichever is applicable and provide details if response is Abnormal.)

	Normal	Abnormal	Detail		Normal	Abnormal	Detail
Eyes (other than myopia)				Muscular/ Skeletal			
Respiratory				Neurological			
Cardiovascular				Psychiatric			
Gastro-Intestinal				Other			

Laboratory Examination (Please attach test reports):

Blood Group		HBsAg
ABO	Rh (D)	

Physicians comments (if applicable)

Physician's Name and Registration No.	Signature and Date:	Stamp and Address

PART III: Conclusion

To be completed by Medical Officer of BUET (Please conclude and indicate if the student is fit for studies at BUET with a (✓):

FIT	UNFIT	Comments (if applicable)	Signature, Date and Stamp
		☐ Re-examine eyes after 7 days	
		☐ Re-examine for Hydrocele and/ or Hernia after 1 month	