

Provisional Accreditation with the Association of Christian Theological Education in Africa (ACTEA)

P O. Box 5398, Farin Gada Goodluck Ebele Jonathan Road,

Jos, Plateau State, Nigeria, Tel: 08061533023 E-mail: admissions@jets.edu.ng **Medical Reference Form**

Instructions to Applicants

This medical form must be completed by a registered medical doctor at a recognized ECWA or Government hospital; preferably, someone who has treated you in the past. It may mean that you have to have some laboratory tests done in order for the form to be completed properly. JETS will not accept any form from another source. Failure to produce an acceptable medical form will be a reason to refuse you admission.

Instructions to the Doctor

As part of the admission process, JETS is seeking to have a full medical record for each student. Please be assured that this Information will be treated in strictest confidence. Please, arrange to send the completed form to the Registrar at the above address in a signed, stamped and sealed envelope. We are very grateful for your assistance in completing this form.

Name of applica	nt:				Sex:	
Please indicate _I	oast or	present illnesses with date	, duration and tre	eatment:		
Anaemia:			Hypertension:			
			Kidney disease:			
Diabetes:			Migraine headache:			
Mental illness: _			Muscle/Skeletal problem:			
			Tuberculosis			
Gastro-intestina	l:		Ulcers:			
			Surgery/hospitalization:			
			Sickle cell disease:			
Is the patient un	der tre	eatment for any medical or	emotional condit	ion?Yes 🛚	No 🔲	
If yes, please exp	olain: _					
Do you have any	recon	mendation regarding the c	are of this applic	ant? Yes	No No	
-						
		required for this applicant i	n the near future	? Yes	No	
Family History RELATION	AGE	STATE OF HEALTH	OCCUPATION	AGE OF	CUASE OF DEATH	
KELATION	AGE	STATE OF HEALTH	OCCUPATION	DEATH	CUASE OF DEATH	

Have any of the applicant's relat	ives ever	· had ar	ny of the following?			
DISEASE	YES	NO	RELATIONSHIP			
Arthritis	125	110				
Asthma/ Hay Fever						
Cancer						
Diabetes						
Epilepsy/ Convulsion						
Heart Disease						
High Blood Pressure						
Kidney Disease						
Mental illness						
Stomach Disease						
Tuberculosis						
Physical Education						
Height Weight_			Pulse			
Are there any abnormalities of the following systems? Yes Head, Ears, Nose, Throat, Hearing. Eyes/Vision Respiratory Cardiovascular Gastrointestinal Hernia Genitourinary Musculoskeletal Metabolic/Endocrine Neuropsychiatric Skin Is there loss or seriously impaired function of any organ? Laboratory Work Required: Mantoux Skin test for TB. Result: If strongly positive must have chest X-Ray. Result:						
	•	•	t has had, and the date of the vaccinations			
			Other: Date:			
Tetanus::	_ Date:					
Date:						
From my knowledge of his/her opinion that he/she is in good able to pursue a full course of so Date of physical examination:_Please-print: Doctor's name:	past hist health me study at a	tory, an entally, n educa				
Address:						
			Telephone Number			
	Signature: Official Stamp					