

City College of Health and Allied Sciences



Education, Excellence, Employment

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P.O. Box 90372 Arusha, Street Olkereyan Njiro Arusha City, Plot No. 156

MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

SURNAME

FIRST NAME..... AGE..... SEX

MIDDLE NAME.....

MARITAL STATUS

PARTS II-V (To be filled by a medically qualified and registered professional)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

- | | |
|---------------------------------------|--|
| 1 Tuberculosis. | 11 Diabetes. |
| 2 Asthma..... | 12 Epilepsy..... |
| 3 Rheumatic fever | 13 Deformity..... |
| 4 Allergic disorders | 14 Mental Illness..... |
| 5 Heart disease | 15 Eye disorder..... |
| 6 Gastric or duodenal ulcers | 16 Ear, Nose or Throat Disorder..... |
| 7 Jaundice..... | 17 Skin disease |
| 8 Dysentery | 18 Anemia..... |
| 9 Varicose veins. | 19 Gynecological disorder. |
| 10 Kidney disease. | 20 Any other serious disorder (specify) |

PART III : PHYSICAL EXAMINATION

- | | |
|--------------------------------|--------------------------------------|
| 1 Height (cm)..... | 5 Ears (state if any discharge)..... |
| 2 Skin. | 6 Mouth and throat. |
| 3 Weight (Kg) | 7 Nose. |
| 4 Eyes: | 8 Any abnormality..... |
| Conjunctivae..... | 9 Cardiovascular system: |
| Pupils..... | Blood pressure: Systolic. |
| Vision: Without glasses: Right | Diastolic..... |
| | Heart: Any Mummer? |
| Left. | Arteries and veins..... |
| With glasses: Right. | 10 Respiratory system: |
| Left. | Lung fields |
| | 11 Abdomen. |

PART IV: LABORATORY

- | | |
|-----------------------|-----------------------------------|
| 1. Urine: | 2. Stool: Special emphasis on |
| Albumin | Hookworm or Schistosoma |
| Sugar: | |
| Leucocytes | |
| Schistosoma | |
| 3. Blood Examination: | 4. X-ray examination – Chest |
| (a) Hb level | (Include Radiologist’s report) |
| (b) Neutrophils | |
| (c) Eosinophils | |
| (d) Basophiles | |
| (e) Lymphocytes | |
| (f) Monoocytes | |
| (g) ESR | |
| 5. Serology: | 6. Pregnancy test (Females) |
| Widal Test | |
| VDRL | |

PART V: CONCLUSION

I have examined Mr/Miss/Mrsand consider that he/she is physically and mentally fit / not fit to be admitted to the University for higher education.

Date: Signature

Name: Title:

Qualifications: Official STAMPAddress: