



MEDICAL EXAMINATION FORM

TUMAINI UNIVERSITY

STEFANO MOSHI MEMORIAL UNIVERSITY COLLEGE

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This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer. The completed form must be submitted along with all the other application materials.

SECTION A (TO BE COMPLETED BY THE APPLICANT)

[Please Write in Block Letters] I. PERSONAL INFORMATION				
Full Name	First:	Middle:	Last:	Marital Status
Date of Birth		Gender		Programme
II. PAST MEDICAL HISTORY				
(I) NERVOUS SYSTEM		Herpes Zoster Yes / No		
Any loss of consciousness? Yes / No		If yes, date of illness _____		
If yes, dates of incident _____		Part of body affected _____		
Current treatment _____		Hypertension Yes / No		
Any neurological deficiency? Yes / No		If yes, when detected _____		
If yes, state deficiency _____		Current treatment _____		
When acquired _____		Asthma Yes / No		
Current treatment _____		If yes, when detected _____		
Any fits? Yes/No		Current treatment _____		
If yes, type of fits _____		Allergies Yes / No		
Date of last episode _____		If yes, date of last reaction _____		
Current treatment _____		Cause of reaction _____		
(II) MUSCULO-SKELETAL SYSTEM		Major Surgeries Yes / No		
Any Deformity? Yes / No		If yes, type of surgery _____		
If yes, which part of the body _____		Date of surgery _____		
When acquired _____		Outcome of surgery _____		
Use of accessories or aids _____		Any Heart Disease Yes / No		
(III) OTHER CHRONIC CONDITIONS		If yes, what disease? _____		
Diabetes Mellitus Yes / No		Current Treatment _____		
If yes, when detected _____		Any Dietary Restrictions Yes / No		
Current Status _____		If yes, state restriction _____		
Tuberculosis Yes / No		_____		
If yes, when detected _____				
Current status Cured / On going treatment				
III. DECLARATION				
I declare that all the information provided herein is true to the best of my knowledge.				
Signature _____ Date _____				

Please Note: The applicant is responsible for maintaining any dietary restrictions.

SECTION B
(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER)

IV. VARIOUS TESTS

(I) GENERAL APPEARANCE

Height _____ Weight _____
 Blood Pressure _____ Pulse Rate _____
 Lymphnode Palpable _____
 Skin Appearance _____
 Throat Tonsils _____
 Teeth Dentition _____ Carious _____
 EARS:
 Rt Hearing _____ Drum Membrane _____
 Lt Hearing _____ Drum Membrane _____
 EYES:
 Rt VA _____ Squint _____
 Lt VA _____ Squint _____

(II) CARDIO-RESPIRATORY SYSTEM

(CHEST X-RAY FILM & REPORT ARE NEEDED)
 Lung Fields _____ Breast Lumps _____
 Heart Size _____ Heart Sounds _____

(III) ABDOMINAL EXAMINATION

(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)

Contour: Sunken / Normal / Distended
 Skin Scar _____
 Umbilicus _____ Hernia _____

(IV) MUSCULO SKELETAL SYSTEM

Any Deformation? Yes / No
 If yes which part of the body _____
 Type of deformity _____

V. LABORATORY INVESTIGATIONS

(I) BIOCHEMICAL

Fasting Blood Sugar _____
 Serum Creatinine _____
 Serum Aspartate T. _____
 Serum Alanine T. _____
 Blood Urea _____
 Uric Acid _____

(II) IMMUNOLOGY

VDRL Reaction if +ve treatment _____
 Widal Reaction if +ve treatment _____
 Contact with Human Immunodeficiency Virus
 Sero Conversion (Optional) _____

(III) HEMATOLOGY

(CULTA COUNTER)
 Haemoglobin _____
 White Cells Count _____

(IV) PARASITOLOGY

Stool Routine Examination _____
 Treatment _____
 Urinalysis & Sedment Microscopy _____
 Treatment _____
 Blood Smear for Protozoa, Hemoflagellets & Spirachaetae

 Treatment _____

VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

VII. DECLARATION

I Dr. _____ of _____ has examined the named candidate
 _____ and conclude that the candidate is / is not suitable to attend a three year
 programme at Tumaini University, Stefano Moshi Memorial University College

Signature with Official Stamp _____ Date _____