



MEDICAL EXAMINATION FORM

TUMAINI UNIVERSITY
IRINGA 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 or doctor. 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	Degree Programme	_____

II. PAST MEDICAL HISTORY

(I) NERVOUS SYSTEM

Any loss of consciousness? Yes / No
 If yes, dates of incident _____
 Current treatment _____
Any neurological deficiency? Yes / No
 If yes, state deficiency _____
 When acquired _____
 Current treatment _____
Any fits? Yes/No
 If yes, type of fits _____
 Date of last episode _____
 Current treatment _____

Herpes Zoster Yes / No
 If yes, date of illness _____
 Part of body affected _____
Hypertension Yes / No
 If yes, when detected _____
 Current treatment _____
Asthma Yes / No
 If yes, when detected _____
 Current treatment _____
Allergies Yes / No
 If yes, date of last reaction _____
 Cause of reaction _____

(II) MUSCULO-SKELETAL SYSTEM

Any Deformity? Yes / No
 If yes, which part of the body _____
 When acquired _____
 Use of accessories or aids _____

Major Surgeries Yes / No
 If yes, type of surgery _____
 Date of surgery _____
 Outcome of surgery _____

(III) OTHER CHRONIC CONDITIONS

Diabetes Mellitus Yes / No
 If yes, when detected _____
 Current Status _____
Tuberculosis Yes / No
 If yes, when detected _____
 Current status Cured / On going treatment

Any Heart Disease Yes / No
 If yes, what disease? _____
 Current Treatment _____
Any Dietary Restrictions Yes / No
 If yes, state restriction _____

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

III. DECLARATION

I declare that all the information provided herein is true to the best of my knowledge.

Signature _____ Date _____

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

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
 degree programme at Tumaini University, Iringa.

Signature with Official Stamp _____ Date _____