



**Marian University College**  
(A Constituent College of St. Augustine University of Tanzania)

**P.O. BOX 47 PWANI- TANZANIA**  
Tel: 255- 23-2440052 Fax: 255-23 –24402247

**MEDICAL EXAMINATION FORM**

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 required application materials.

**SECTION A  
(TO BE COMPLETED BY THE APPLICANT)**

**[Please, Write in Block Letters] I. PERSONAL INFORMATION**

Full Name Date of Birth	First:	Middle:	Last:	Marital Status	
				Gender	Programme

**II. PAST MEDICAL HISTORY**

<b>(I) NERVOUS SYSTEM</b>	<b>Herpes Zoster</b> Yes/No
<b>Any loss of consciousness?</b> Yes/No	If yes, date of illness:
If Yes, dates of incident:	Part of body affected:
Current treatment:	<b>Hypertension</b> Yes/No
<b>Any neurological deficiency?</b> Yes /No	If Yes, when detected:
If Yes, state deficiency	Current treatment:
When acquired:	<b>Asthma</b> Yes /No
Current treatment:	If Yes, when detected:
<b>Any fits?</b> Yes/No	Current treatment :
If Yes, type of fits:	<b>Allergies</b> Yes/No
Date of last episode:	If Yes, date of last reaction:
Current treatment:	Causes of reaction:
<b>(II) MUSCULO-SKELETAL SYSTEM</b>	<b>Major Surgeries</b> Yes/No
<b>Any deformity?</b> 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:	<b>Any Heart disease</b> Yes /No
<b>(III) OTHER CHRONIC CONDITIONS</b>	If Yes, what disease?
<b>Diabetes Mellitus</b> Yes/No	Current treatment:
If Yes, when detected?	<b>Any Dietary Restrictions</b> Yes /No
Current status:	If yes, state restrictions:
<b>Tuberculosis</b> Yes/No	<b>Please Note: The applicant is responsible for maintaining any dietary restrictions.</b>
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: \_\_\_\_\_

