

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

P.O. BOX 47 PWANI- TANZANIA

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## 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					
,	First:	Middle:	Last:		
Full Name					Marital Status
Date of Birth			Gender		
					Programme
II. PAST MEDICAL HISTORY					
(1) 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:			Causes 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 restrictions:		
Tuberculosis Yes/No					
If yes, when detected:			Please Note: The applicant is responsible for		
Current status: Cured/On going treatment			maintaining any dietary restrictions.		
III. DECLARATION					
I declare that all the information provided herein is true to the best of my knowledge.					
Signature:			Deter		
S18		Date:			

## SECTION B (TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR IV. VARIOUS TESTS (1) GENERAL APPEARANCE (II) CARDIO-RESPIRATORY SYSTEM Height: Weight: (CHEST X-RAY FILM&REPORT ARE NEEDED) Blood Pressure: Pulse Rate: Breast Lumps: Lung Fields: Lymphnode Palpable Heart Size: Heart Sound: Skin Appearance (III) ABNOMAL EXAMINATION Throat Tonsils (ABNOMAL U.S.S REPORT IS NEEDED, IF MASS Teenth Dentition: **DETECTED FILM IS NEEDED**) Carious: Contour: Sunken / Normal /Distended EARS: Rt Hearing: Skin Scar Umbilicus: Hernia: EYES: (IV) MUSCULO SKELETAL SYSTEM RtVA: Squint: Any Deformation? Yes / No LtVA If Yes which part of the body: Squint: Type of deformity: V. LABORATORY INVESTIGATIONS (I) BIOCHEMICAL (III) HEMATOLOGY (CULTA COUNTER) Fasting Blood Sugar: Haemoglobin Serum Creatinine: White Cells Count (IV) PARASITOLOGY Serum Aspantate: Serum Alanine T.: **Stool Routine Examination** Blood Urea: Treatment Urinalysis & Sediment Microscopy Uric Acid: (II) IMMUNOLOGY Treatment: VDRL Reaction if +ve treatment: Blood Smear for Protozoa, Hemoflagellets & Spirachaetae: Widal Reaction if+ve: Contact with Human Immunodeficiency Virus Sero Conversion (optional): Treatment: VI. OTHER OBSERVATIONS Any other observations whether irritable or aggressive: VII. DECLARATION I Dr.-----has examined the named candidate----- and conclude that the candidate is/is not suitable to attend a One/two/three year degree programme at Marian University College -Pwani. Signature with official stamp: -----