



THE MWALIMU NYERERE MEMORIAL ACADEMY

RE: REQUEST FOR MEDICAL EXAMINATION REPORT FOR STUDENT APPLYING FOR ADMISSION FOR FULL TIME COURSE.

To the Medical Officer,

.....
.....
.....

RE: Surname Age..... Sex..... Other name (s)
..... Programme

Marital Status Department

Please examine the above named as to her/his fitness for studies as a full time student.

A. PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

- | | |
|-------------------------------|--|
| 1. Tuberculosis | 15. Epilepsy |
| 2. Pneumonia | 16. Deformity |
| 3. Pleurisy | 17. Psychiatric..... |
| 4. Asthma..... | 18. Eye disorder..... |
| 5. Rheumatic fever..... | 19. Ear, Nose/Throat Disorder..... |
| 6. Allergic disorder..... | 20. Skin diseases..... |
| 7. Heart disease..... | 21. Anemia..... |
| 8. Gastric or duodenal..... | 22. Gynaecological disorder..... |
| 9. Recurrent indigestion..... | 23. Malaria/other tropical Diseases..... |
| 10. Jaundice..... | 24. Major or Minor Operation..... |
| 11. Dysentery..... | 25. Serious accidents..... |
| 12. Varicose Veins..... | 26. Any other serious disorder..... |
| 13. Diabetes..... | |

B. PHYSICAL EXAMINATION

- 1. Height.....
- 2. Skin diseases.....
- 3. Weight.....
- 4. Eyes: Conjunctivae.....
Pupils.....
Vision Right.....
Left.....
With glasses Right.....
- 5. Please state conditions
Of ears (if any discharge)

Any Abnormality.....
Cardiovascular System
Blood pressure Systolic Diastolic.....
Heart Any Murmur?
Arteries and Veins
Abdomen Hernia..... Hydrocele
.....
Masses Liver
.....
Kidney Rectal
.....
Any clinical evidence of hyperacidity or Gastric Duodenal ulcer?.....

C. LABORATORY

- 1. Urine Albumin
Sugar.....
Lucoocytes.....
Bilharzias.....
- 2. Stool: Special emphasis on Hookworm or Bilharzias
- 3. Blood Examination: Hb Level.....
(a) Neutrophils
(b) Eosinophils
(c) Basophils.....
(d) Lymphocytes
(e) Monocytes.....
(f) ESR.....
- 4. Serology: Widal test
 VDRL.....

D. MEDICAL CERTIFICATE

(To be completed by a Medical Officer)

I have examined the above named person and consider that *She/he is physically and mentally/not physically and mentally fit to be admitted for the full time course at your Academy.

.....
Name

.....
Signature

Date

.....
Title

.....
Qualification

Address:
.....

.....
.....

*Delete as necessary