

THE UNITED REPUBLIC OF TANZANIA



THE MWALIMU NYERERE MEMORIAL ACADEMY

MEDICAL EXAMINATION FORM



Surname..... Other Names.....Sex.....Age.....

MaritalStatus.....Citizenship.....Course Registered.....

A: PERSONAL HISTORY (To be completed by the applicant)

1. Have you ever suffered from any serious diseases or disorders? (YES* / NO*)

If YES explain:

2. Are you suffering from / having any conditions/disabilities that require necessary attention? (YES*/NO*)

If YES explain.....

I, declare that the information provided above is correct.

Date..... Signature:

B: PHYSICAL EXAMINATION (To be completed by registered medical practitioner)

1: General Examination.....

2: Systemic Examination

Central Nervous System (CNS).....

Respiratory System (RS).....

Cardiovascular System (CVS).....

Gastrointestinal System (GIS).....

Musculoskeletal System (MSS).....

Others (Specify).....

C: INVESTIGATIONS, (Please Specify if Necessary and Attach Results)

(1)..... (2)..... (3).....

D: CONCLUSION

I have examined Mr. / Miss / Mrs.and consider that he*/she* is physically and mentally fit* / not fit* to be admitted to the University for higher studies.

Name of the examining physician: Signature:Qualification

Title:Date.....

Official Stamp: