

THE MWALIMU NYERERE MEMORIAL ACADEMY

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

To the Medical Officer,

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

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Name Signature Date

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Title Qualification

Address:
.....
.....
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**Delete as necessary*