

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DEPUTY VICE CHANCELLOR-ACADEMICS, RESEARCH AND
CONSULTANCY

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MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

SURNAME AGE..... SEX

OTHER NAMES..... PROGRAM.....

SCHOOL

MARITAL STATUS

PARTS II-V (To be filled by a qualified and registered Medical professional)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

- | | |
|------------------------------------|---|
| 1. Tuberculosis..... | 15. Epilepsy..... |
| 2. Pneumonia..... | 16. Deformity..... |
| 3. Pleurisy..... | 17. Mental Illness..... |
| 4. Asthma..... | 18. Eye disorder..... |
| 5. Rheumatic Fever..... | 19. Ear/Nose/Throat disorder..... |
| 6. Allergic Disorders..... | 20. Skin Disease..... |
| 7. Heart Diseases..... | 21. Anaemia..... |
| 8. Gastric or Duodenal ulcers..... | 22. Gynaecological disorders..... |
| 9. Recurrent Indigestion..... | 23. Malaria or other tropical diseases..... |
| 10. Jaundice..... | 24. Cholera..... |
| 11. Dysentery..... | 25. Major or Minor Operations..... |
| 12. Varicose veins..... | 26. Serious Accident..... |
| 13. Kidney or urinary disease..... | 27. Any other serious disorder..... |
| 14. Diabetes..... | |

PART III : PHYSICAL EXAMINATION

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|----------------------|--------------------------------------|
| 1 Height (cm)..... | 5 Ears (state if any discharge)..... |
| 2 Skin disease. | 6 Mouth and throat. |
| 3 Weight (Kg) | 7 Nose. |
| 4 Eyes: | 8 Any abnormality..... |
| Conjunctivae..... | 9 Cardiovascular system: |

