

# MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

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## MEDICAL REPORT FORM

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

SURNAME ..... AGE..... SEX .....

OTHER NAMES..... COURSE OF STUDY .....

SCHOOL.....

MARITAL STATUS .....

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

#### PART II: PERSONAL HISTORY

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

- |                                    |  |
|------------------------------------|--|
| 1 Tuberculosis. ....               | 11 Diabetes. ....                                |
| 2 Asthma.....                      | 12 Epilepsy.....                                 |
| 3 Rheumatic fever .....            | 13 Deformity.....                                |
| 4 Allergic disorders .....         | 14 Mental Illness.....                           |
| 5 Heart disease .....              | 15 Eye disorder.....                             |
| 6 Gastric or duodenal ulcers ..... | 16 Ear, Nose or Throat Disorder.....             |
| 7 Jaundice.....                    | 17 Skin disease .....                            |
| 8 Dysentery .....                  | 18 Anemia.....                                   |
| 9 Varicose veins. ....             | 19 Gynecological disorder. ....                  |
| 10 Kidney disease. ....            | 20 Any other serious disorder (specify)<br>..... |

