



# MEDICAL EXAMINATION FORM

**TUMAINI UNIVERSITY**

**STEFANO MOSHI MEMORIAL UNIVERSITY COLLEGE**

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This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer. The completed form must be submitted along with all the other application materials.

## SECTION A (TO BE COMPLETED BY THE APPLICANT)

[Please Write in Block Letters]

### I. PERSONAL INFORMATION

Full Name	First:	Middle:	Last:	Marital Status
Date of Birth		Gender		Programme

### II. PAST MEDICAL HISTORY

<p><b>(i) NERVOUS SYSTEM</b></p> <p><b>Any loss of consciousness?</b> Yes / No If yes, dates of incident _____ Current treatment _____</p> <p><b>Any neurological deficiency?</b> Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____</p> <p><b>Any fits?</b> Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____</p> <p><b>(ii) MUSCULO-SKELETAL SYSTEM</b></p> <p><b>Any Deformity?</b> Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____</p> <p><b>(iii) OTHER CHRONIC CONDITIONS</b></p> <p><b>Diabetes Mellitus</b> Yes / No If yes, when detected _____ Current Status _____</p> <p><b>Tuberculosis</b> Yes / No If yes, when detected _____ Current status Cured / On going treatment</p>	<p><b>Herpes Zoster</b> Yes / No If yes, date of illness _____ Part of body affected _____</p> <p><b>Hypertension</b> Yes / No If yes, when detected _____ Current treatment _____</p> <p><b>Asthma</b> Yes / No If yes, when detected _____ Current treatment _____</p> <p><b>Allergies</b> Yes / No If yes, date of last reaction _____ Cause of reaction _____</p> <p><b>Major Surgeries</b> Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____</p> <p><b>Any Heart Disease</b> Yes / No If yes, what disease? _____ Current Treatment _____</p> <p><b>Any Dietary Restrictions</b> Yes / No If yes, state restriction _____</p> <p>_____</p> <p><b>Please Note: The applicant is responsible for maintaining any dietary restrictions.</b></p>
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### III. DECLARATION

I declare that all the information provided herein is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B**  
**(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER)**

**IV. VARIOUS TESTS**

**(I) GENERAL APPEARANCE**

Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_ Pulse Rate \_\_\_\_\_  
 Lymphnode Palpable \_\_\_\_\_  
 Skin Appearance \_\_\_\_\_  
 Throat Tonsils \_\_\_\_\_  
 Teeth Dentition \_\_\_\_\_ Carious \_\_\_\_\_

EARS:  
 Rt Hearing \_\_\_\_\_ Drum Membrane \_\_\_\_\_  
 Lt Hearing \_\_\_\_\_ Drum Membrane \_\_\_\_\_

EYES:  
 Rt VA \_\_\_\_\_ Squint \_\_\_\_\_  
 Lt VA \_\_\_\_\_ Squint \_\_\_\_\_

**(II) CARDIO-RESPIRATORY SYSTEM**

**(CHEST X-RAY FILM & REPORT ARE NEEDED)**  
 Lung Fields \_\_\_\_\_ Breast Lumps \_\_\_\_\_  
 Heart Size \_\_\_\_\_ Heart Sounds \_\_\_\_\_

**(III) ABDOMINAL EXAMINATION**

**(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)**

Contour: Sunken / Normal / Distended  
 Skin Scar \_\_\_\_\_  
 Umbilicus \_\_\_\_\_ Hernia \_\_\_\_\_

**(IV) MUSCULO SKELETAL SYSTEM**

Any Deformation? Yes / No  
 If yes which part of the body \_\_\_\_\_  
 Type of deformity \_\_\_\_\_

**V. LABORATORY INVESTIGATIONS**

**(I) BIOCHEMICAL**

Fasting Blood Sugar \_\_\_\_\_  
 Serum Creatinine \_\_\_\_\_  
 Serum Aspartate T. \_\_\_\_\_  
 Serum Alanine T. \_\_\_\_\_  
 Blood Urea \_\_\_\_\_  
 Uric Acid \_\_\_\_\_

**(II) IMMUNOLOGY**

VDRL Reaction if +ve treatment \_\_\_\_\_  
 Widal Reaction if +ve treatment \_\_\_\_\_  
 Contact with Human Immunodeficiency Virus  
 Sero Conversion (Optional) \_\_\_\_\_

**(III) HEMATOLOGY**

**(CULTA COUNTER)**  
 Haemoglobin \_\_\_\_\_  
 White Cells Count \_\_\_\_\_

**(IV) PARASITOLOGY**

Stool Routine Examination \_\_\_\_\_  
 Treatment \_\_\_\_\_  
 Urinalysis & Sedment Microscopy \_\_\_\_\_  
 Treatment \_\_\_\_\_  
 Blood Smear for Protozoa, Hemoflagellets & Spirachaetae  
 \_\_\_\_\_  
 Treatment \_\_\_\_\_

**VI. OTHER OBSERVATIONS**

Any other observations whether irritable or aggressive:

**VII. DECLARATION**

I Dr. \_\_\_\_\_ of \_\_\_\_\_ has examined the named candidate  
 \_\_\_\_\_ and conclude that the candidate is / is not suitable to attend  
 a one / two / three year programme at Tumaini University, Stefano Moshi Memorial University College

Signature with Official Stamp \_\_\_\_\_ Date \_\_\_\_\_