

**FORM FOR MEDICAL EXAMINATION**  
**To be completed by a Medical Officer**

**1. Personal Particulars**

Student's full name ..... Age .....  
Sex ..... Address.....

**2. Physical Examination**

- Weight ..... Height ..... Blood Pressure.....Pulse Rate .....
- Vision ..... Left Eye..... Right Eye .....
- Hearing ..... Left Ear ..... Right Ear .....
- CVS .....
- Lungs .....
- Digestive System ..... Liver ..... Spleen .....
- CNS ..... UTS .....
- Muscular Skeletal System .....

Extremities .....

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Extremities .....

Back .....

- Any signs of Drug Addiction .....

**3. Routine Laboratory Examination**

- Urine           - Microscopy .....- Multistics .....
- Serology .....- Khan Test .....
- Stool           - Microscopy .....- Widal Test .....
- Blood          - Hb .....- Elisa Test .....
- ESR .....- TB Test .....

- WBC – Total & Differential .....
- RBC.....
- Blood Group .....

**4. Conclusion**

Do you consider the student/candidate medically/physically fit to pursue his/her course at Tumaini University Makumira.....  
 What condition or disability do you think has to be attended before he/she can be admitted?  
 .....

*I certify that I have examined the above named person and consider that he/she is physically and mentally **Fit / Unfit** for academic studies at Tumaini University Makumira (circle answer).*

**Date** ..... **Signature** .....  
**Name** .....  
**Designation** ..... *Note: This*

*report is subject to verification by a qualified Medical Doctor*

5.....

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