

TUMAINI UNIVERSITY MAKUMIRA

MEDICAL EXAMINATION FORM

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

Back

• Any signs of Drug Addiction

3. Routine Laboratory Examination

• Urine - Microscopy- Multisticks

- 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?
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*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