



Tanzanian Training Centre for International Health, Ifakara

Medical Examination Form

This form consists of 5 parts. Part I is to be completed by the applicant and the rest to be completed by a registered medical doctor.

I. Personal Information

Surname : First name(s):
Date of birth : Sex:
Marital status : Single/married/widowed Nationality:

II. Past Medical History

Has the examined suffered from any of the following? If yes check (✓) against the diagnosis. If not, please write a cross (X) in the appropriate space

- | | |
|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Poliomyelitis or other neurological disorder:
specify |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Psychiatric disorder |
| <input type="checkbox"/> Asthma/Chronic respiratory disorder | <input type="checkbox"/> Skin disease/allergies: |
| <input type="checkbox"/> Hypertension/or any other cardiac disease:
specify | <input type="checkbox"/> Gynecological disorder |
| <input type="checkbox"/> Renal disorder | <input type="checkbox"/> Major surgery: Specify |
| <input type="checkbox"/> Peptic ulcer disease | <input type="checkbox"/> Any deformity: specify |
| <input type="checkbox"/> Diabetes mellitus | |
| <input type="checkbox"/> Any liver disease: specify:..... | |

III. Physical Examination

EYES : Rt VA
Lt VA
EARS : Rt hearing
Lt hearing

Systemic Examination

Cardio-respiratory system:
Abdominal Examination :
Musculoskeletal system:

IV. Imaging and Laboratory Investigations

Haematology: Haemoglobin: Chest X-ray:
Fasting blood sugar:
White cell count:

V. Conclusion

I have examined Mr/Miss/Mrs _____ and consider that he/she IS/IS NOT physically and mentally fit to be admitted for AMO/CO course studies.

.....
Name (and Qualification) **Signature** **Date**

Address: