

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	Personal Information			
	Sur	name :	First name(s):		
	Date of	birth :	Sex:		
	Marital	status : Single/married/widowed	Nationality:		
II.	Past Med	lical History			
	Has the examined suffered from any of the following? If yes check (\lor) against the diagnosis. If not, please write a cross (X) in the appropriate space				
	☐ Tuber	culosis	Poliomyelitis or other neu	ırological disorder:	
	 □ Epilepsy □ Asthma/Chronic respiratory disorder □ Hypertension/or any other cardiac disease: specify □ Renal disorder 		specify Psychiatric disorder		
			Skin disease/allergies:		
			☐ Gynecological disorder ☐ Major surgery: Specify		
	•	ulcer disease tes mellitus	Any deformity: specify		
	Any liver disease: specify:		, , , ,		
	□ Ally III	ver disease. specify			
III.	Physical Examination				
	EYES:	Rt VA	Systemic Examination		
		Rt VA	Cardio-respiratory system:		
	EARS:	Rt hearing	Abdominal Examination :		
		Rt hearing	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 A					
		Name (and Qualification)	Signature	Date	
	Addres	S:			