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 (V) against the diagnosis. If not, please write a cross (X) in the appropriate space

- ☐ Tuberculosis
- ☐ Epilepsy
- ☐ Asthma/Chronic respiratory disorder
- ☐ Hypertension/or any other cardiac disease: specify: .....
- ☐ Renal disorder
- ☐ Diabetes mellitus
- ☐ Any liver disease: specify: .....
- ☐ Poliomyelitis or other neurological disorder: specify: .....
- ☐ Psychiatric disorder: .....
- ☐ Skin disease/allergies: .....
- ☐ Gynecological disorder: .....
- ☐ Major surgery: Specify: .....
- ☐ Any deformity: specify: .....

III. Physical Examination

EYES: Rt VA: .....

Rt VA: .....

EARS: Rt hearing: .....

Rt hearing: .....

Systemic Examination

Cardio-respiratory system: .....

Abdominal Examination: .....

Musculoskeletal system: .....

IV. Imaging and Laboratory Investigations

Haematology: Haemoglobin: .....

Fasting blood sugar: .....

White cell count: .....

Chest X-ray: .....

V. Conclusion

I have examined Mr/Miss/Mrs _____ and consider that he/she IS/IS NOT physically and mentally fit to be admitted for training at the Tanzanian Training Centre for International Health.

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

Address: .....