



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

- Tuberculosis
- Epilepsy
- Asthma/Chronic respiratory disorder
- Hypertension/or any other cardiac disease: specify
- Renal disorder
- Peptic ulcer disease
- 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 **Systemic Examination**

Rt VA

EARS : Rt hearing Cardio-respiratory system:

Rt hearing 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.

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

Address: