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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 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 diseases: 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

General 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: _____ Fasting Blood Sugar _____
Haemoglobin _____ Chest x-ray: _____
White cell count Leucocytes _____

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 course studies.

Name (and qualifications) Signature Date

Address: _____

