

**MVUMI INSTITUTE OF HEALTH SCIENCES (MIHS)
DIOCESE OF CENTRAL TANGANYIKA**

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STUDENT'S MEDICAL EXAMINATION FORM

First name middle name

Last Name

Course selected

Nationality..... Age Gender.....

Marital Status

PERSONAL HISTORY

Has the examinee ever suffered from any of the following? If yes indicate date and diagnosis. If not please write "NO" in Appropriate space.

NO	SUFFERED FROM	YES	NO
A	Tuberculosis		
B	Other respiratory diseases		
C	Cardiac Disease		
D	Gastro – Intestinal disease		
E	Any chronic Renal or Genitor Urinary disease		
F	Syphilis or Gonorrhoea		
G	Emotional disease or psychosis		
H	Serious Injuries		
I	Allergies		
J	Any fits		
K	Leprosy		
L	Diabetes		

PHYSICAL EXAMINATION

1. Height 2. Weight.....

3. Chest

- Lungs.....
- Heart.....
- BP.....

4. Abdomen

- Organs
- Other Mass
- Pregnancy

5. Skin disease

6. Eyes: Conjunctivae Pupils

Sight: Without glasses

Right

Left

Sight: With glasses

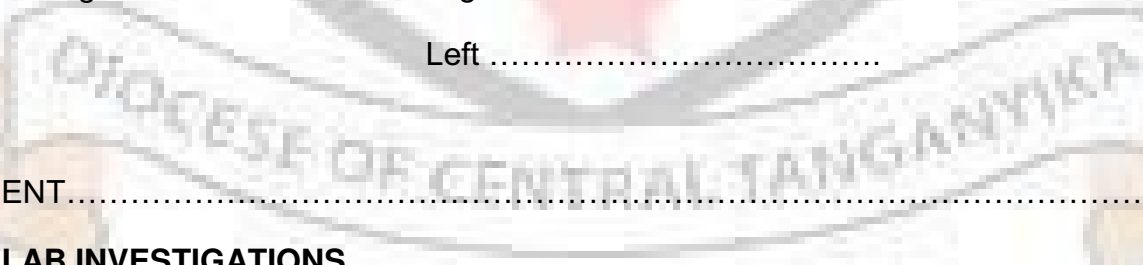
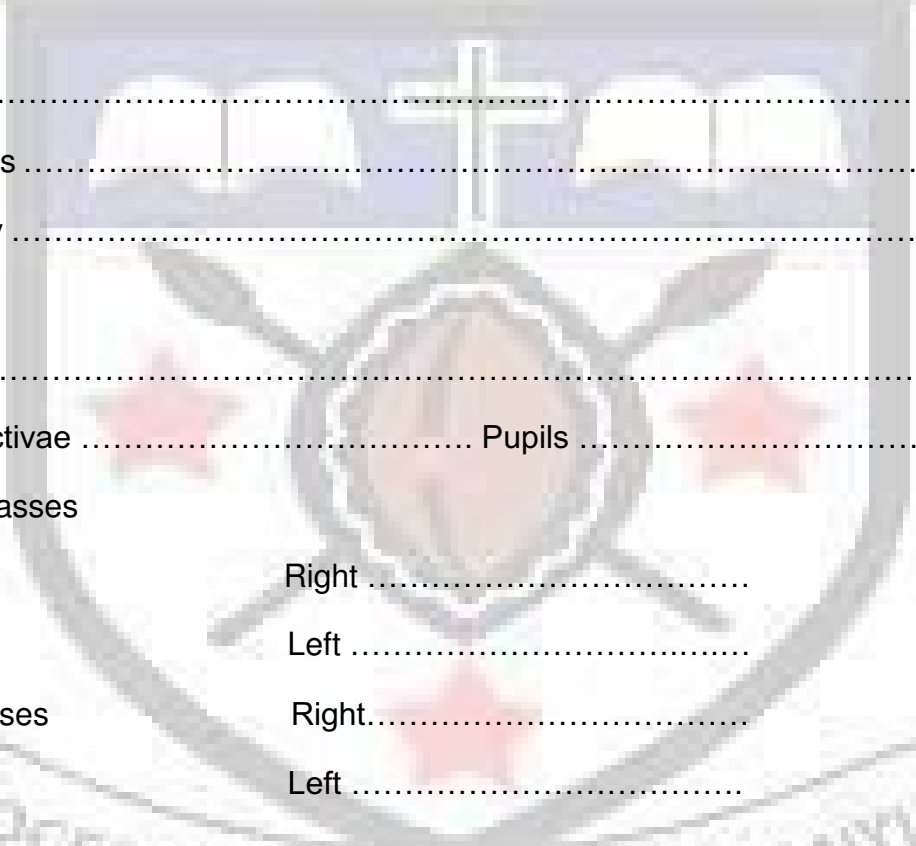
Right.....

Left

7. ENT.....

8. LAB INVESTIGATIONS

a) WBC..... B/S StoolUrine.....



9. Any Physical abnormalities of the Prospective student plus the Doctors recommendations

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CONCLUSION

I have examined Mr./Mrs./Miss and considered that he/she is fit/not fit to

be enrolled as a student at MIHS.

Name.....**Qualifications**.....

Signature **Date:**

Official stamp

