



**SAINT ALVIN INSTITUTE OF HEALTH
AND
ALLIED SCIENCES (SAIHAS)
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recent
photo*

MEDICAL EXAMINATION REPORT

PART I: PERSONAL PARTICULARS (To be filled by the applicant)

SUR NAME: AGE: SEX:
OTHER NAMES: MARITAL STATUS:
COURSE OF STUDY:

PARTS II -V (To be filled by a medically qualified and registered Clinician)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

- | | |
|-------------------------------------|---|
| 1. Tuberculosis: | 11. Diabetes: |
| 2. Asthma: | 12. Epilepsy: |
| 3. Rheumatic fever: | 13. Deformity: |
| 4. Allergic disorder : | 14. Mental Illness: |
| 5. Heart disease : | 15. Eye disorder: |
| 6. Gastric or duodenal ulcers:..... | 16. Ear, Nose or Throat Disorder: |
| 7. Jaundice: | 17. Skin disease: |
| 8. Dysentery: | 18. Anemia: |
| 9. Varicose vein:..... | 19. Gynecological disorder: |
| 10. Kidney disease: | 20. Any other serious disorder (specify):
..... |

PART III: PHYSICAL EXAMINATION.

1. Height (cm):
2. Skin:
3. Weight (kg):
4. Eyes:
 - Conjunctivae:
 - Pupils:
 - **Vision:** Without glass: Right:
 - Left:
 - With glasses: Right:
 - Left:
5. Ears (state if there is any discharge):
6. Mouth and throat:
7. Nose:
8. Any abnormality:
9. Cardiovascular system:
 - Blood pressure: Systolic
 - Diastolic:
 - Heart: Any Mummer?
 - Arteries and Veins:
10. Respiratory system: Lung fields:
11. Abdomen:

PART IV: LABORATORY INVESTIGATION.

1. Urine:
 - Albumin:
 - Sugar:
 - Leucocytes:
 - Schistosoma:
2. Stool: Special emphasis on
 - Hookworm or Schistosoma
3. Blood Examination:
 - Hb level:
 - Neutrophils:
 - Eosinophils:
 - Basophils:
 - Lymphocytes:
 - Monocytes:
 - ESR:
4. X-ray Examination-Chest
(Include Radiologist's report)
5. Serology:
 - VDRL:Widal Test:
6. Pregnancy Test (UPT) for Females
.....

PART V: CONCLUSION

I have examined Mr/Miss/Mrs:and consider that he / she is physically and mentally fit / not fit to the Institute for studies.

Date:

Signature:

Name:

Title:

Qualifications:

Official STAMP

Address: