



**ST. FRANCIS UNIVERSITY COLLEGE
OF HEALTH AND ALLIED SCIENCES (SFUCHAS)**



A Constituent College of St. Augustine University of Tanzania

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MEDICAL EXAMINATION FORM

To be completed by a registered Medical Officer.

1. STUDENT PERSONAL PARTICULARS

Surname.....Other names.....

AgeSex.....

Address.....
.....

2. PAST MEDICAL HISTORY

(A) Has the student ever suffered from any of the following medical conditions?
Indicate Yes or No

1. Allergies.....
2. Hypertension.....
3. Diabetes Melitus.....
4. HIV/AIDS.....
5. Major surgeries.....
6. Tuberculosis.....
7. Psychiatry illness.....
8. Physical disability.....
9. Heart Disease.....
10. Asthma.....
11. Any other condition(s) worth reporting?(Name).....

All Official Correspondence to be addressed to the Principal of SFUCHAS

(B) Is the student on any medication/treatment for a chronic/long term condition?

Yes / No (circle the answer)

If yes, name the condition(s) under treatment

(1)

(2)

(3)

3. PHYSICAL EXAMINATION

Weight..... **Height**.....

Vision : Left eye.....Right eye.....

Cardiovascular System

Blood Pressure

Pulse rate

Any murmur? Yes / No (circle the answer)

Abnormal Examination

Liver.....

Spleen.....

Kidney.....

Any palpable mass (specify.....)

Muscle skeletal system

Extremities.....

Back.....

Any sign of Drug addiction

Yes / No (circle the answer)

4. LABORATORY INVESTIGATION

Fasting blood sugar.....

Full blood count

Neutrophils.....

Eosinophils

Basophils

Lymphocytes

Hb level

Blood group

5. CONCLUSION

Do you consider the student physically and mentally fit to peruse studying at St. Francis University College of Health and Allied Sciences (SFUCHAS)

Yes/ No (circle the answer)

What condition or Disability has to be attended before he/she can be admitted?

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6. DECLARATION

I certify that I have examined the above named student and consider that he/she is physically and mentally fit/unfit for academic studies at St. Francis University College of Health and Allied Sciences.

Name

Signature/Official Stamp

Qualifications.....

Date.....

Address:

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