THE UNIVERSITY OF DODOMA

MEDICAL EXAMINATION FORM FOR SELECTED STUDENTS DURING 2019/2020 ACADEMIC YEAR

PART A: For Applicants only

Last Name | Other Names | Date of Birth

Age | Sex | Height in cm | Weight in Kg

PART B: For Doctor's use only

1. Have you suffered from or now suffering from any of the following?
   - (a) Diabetes — Yes ☐ No ☐
   - (b) Heart disease — Yes ☐ No ☐
   - (c) Head injuries — Yes ☐ No ☐
   - (d) Fits or seizures — Yes ☐ No ☐
   - (e) Tuberculosis (TB) — Yes ☐ No ☐
2. Skin disease
3. Ears
   - (a) Rt Ear
   - (b) Lt Ear
4. Eyes
   - (a) Rt Eye
   - (b) Lt Eye
5. Mouth and throat
   - Nose
6. Respiratory system
7. Cardiovascular system
   - (a) Pulse
   - (b) Blood pleasure
     - (i) Systolic
     - (ii) Diastolic
   - (c) Pulse

8. Abdomen

(a) Liver

(b) Spleen

(c) Kidney

(d) Ascitis

9. Stool

10. Urine

11. Urine for pregnancy test (UPT)

12. Venereal disease

13. Widal test

14. Abdomen

(a) Hemoglobin level

(b) WBC

(c) Blood grouping (RH)

(d) Erythrocyte Sedimentation Rate (ESR)

I certify that I have physically and otherwise examined Mr./Mrs./Miss

and found him/her fit/unfit for university studies as stipulated.

I found that the applicant suffers from

&/is handicapped by and is not fit to undergo the stipulated course.

Name

Qualification

Signature

Address and stamp

Date

PART C: For Office Use Only

Comments