

FORM C

The Deputy Vice Chancellor Academic Affairs
Ardhi University
P.O. Box 35176
DAR ES SALAAM

SURNAME:..... AGE:..... SEX:.....
OTHER NAME:.....
SCHOOL:..... DEGREE COURSE:.....
MARITAL STATUS:.....

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate **YES** or **NO**

- | | |
|-----------------------------------|---|
| 1 Tuberculosis..... | 15 Epilepsy..... |
| 2 Pneumonia..... | 16 Deformity..... |
| 3 Pleurisy..... | 17 Psychiatric..... |
| 4 Asthma..... | 18 Eye disorder..... |
| 5 Rheumatic fever..... | 19 Ear, Nose or Throat disorder..... |
| 6 Allergic disorder..... | 20 Skin disease..... |
| 7 Heart disease..... | 21 Anaemia..... |
| 8 Gastric or duodenal..... | 22 Gynaecological disorder..... |
| 9 Recurrent indigestion..... | 23 Malaria or other tropical disease..... |
| 10 Jaundice..... | 24 Cholera..... |
| 11 Dysentery..... | 25 Major or Minor Operations..... |
| 12 Varicose Veins..... | 26 Serious accidents..... |
| 13 Kidney or Urinary Disease..... | 27 Any other serious disorder..... |
| 14 Diabetes..... | |

PHYSICAL EXAMINATION

- | | |
|--|---------------------------|
| 1 Height..... | 3 Weight..... |
| 2 Skin disease..... | 4 Eyes: Conjunctivae..... |
| 3 Weight..... | Pupils..... |
| 5 Please state conditions of ears
(if any discharge)..... | Vision Right..... |
| Any Abnormality..... | Left..... |
| 6 Cardiovascular System: | With glasses Right..... |
| 7 Blood pressure: | Left..... |
| Systolic..... | |
| Diastolic..... | |
| Heart: Any Murmur?..... | |
| Arteries and Veins..... | |
| 8 Abdomen..... | |
| Hernia..... | |
| Hydrocele..... | |
| Masses..... | |

Liver.....
Kidney.....
Rectal.....
Any clinical evidence of hyperacidity or gastric
Duodenal ulcer?

LABORATORY

- 1 Urine Albumin.....
Sugar.....
Lucoocytes.....
Bilharzias.....
- 2 Stool: Special emphasis on Hookworm or Bilharzia
- 3 Blood Examination: Hb level.....
 - (a) Neutrophils.....
 - (b) Eosinophils.....
 - (c) Basophils.....
 - (d) Lymphocytes.....
 - (e) Monocytes.....
 - (f) ESR.....
- 4 X-ray examination - Chest
- 5 Serology: Widal Test..... VDRL.....
- 6 Pregnancy Test.....

CONCLUSION

I have examined Mr./Miss/Mrs..... and
consider that he/she is not physically and mentally fit to be admitted to the University for
higher studies.

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Date	Signature	Name
.....		
Title	Qualifications	

Address:.....
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