

# Cardinal Rugambwa Memorial University College

A Constituent College of the St. Augustine University of Tanzania

P.O.Box 1830, Bukoba



## MEDICAL CERTIFICATE

SURNAME..... OTHER NAMES.....  
AGE ..... SEX .....  
MARITAL STATUS..... CITIZENSHIP.....

### PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

- |   |                                 |
|---|---------------------------------|
| 1. Tuberculosis.....                    | 2. Pneumonia.....               |
| 3. Pleurisy.....                        | 4. Asthenia.....                |
| 5. Rheumatic Fever.....                 | 6. Allergy disorder.....        |
| 7. Heart Disease.....                   | 8. Gastric or duodenal.....     |
| 9. Recurrent indigestion.....           | 10. Jaundice.....               |
| 11. Dysentery.....                      | 12. Varicose Veins.....         |
| 13. Kidney or urinary disease.....      | 14. Diabetes.....               |
| 15. Epilepsy.....                       | 16. Deformity.....              |
| 17. Psychotic.....                      | 18. Eye disorder.....           |
| 19. Ear , Nose or Throat disorder.....  | 20. Skin disease.....           |
| 21. Anemia.....                         | 22. Gynecological disorder..... |
| 23. Malaria other tropical disease..... | 24. Cholera.....                |
| 25. Major or minor operations.....      | 26. Serious accidents.....      |
| 27. Any other serious disorder.....     |                                 |

### PHYSICAL EXAMINATION.

- |  |   |
|--|---|
| 1. Height.....   | 2. Weight.....  |
| 3. Skin disease.....   | 4. Eye Conjunctivæ<br>Pupils.....<br>Vision Right.....<br>Left..... |
| 5. Please state condition of Ears (if any discharge).....<br>Mouth and throat .....<br>Nose.....                                     |   |
| 6. Any Abnormality.....  |   |
| 7. Cardiovascular System.....<br>Blood Pressure: Systolic..... Diastolic.....<br>Heart: Any Murmur? .....<br>Arteries and Veins..... |   |

8. Abdomen..... Hernia.....  
 Hydrocele.....

- Masses.....  
 Liver.....  
 Kidneys.....  
 Rectal.....  
 Any Clinical evidence of hyperacidity or gastric duodenal ulcer? .....

**LABORATORY**

1. Urine Albinum.....  
 Sugar.....  
 Bilharzia.....
2. Stool: Special emphasis on Hookworm or Bilharzia.
3. Blood examination : Hb Level..... (a)  
 Neutrophils.....  
 (b) Eusinophils..... (c  
 ) Bisophils.....  
 (d) Lymphocytes..... (e)  
 Monoocytes.....  
 (f) ESR.....
4. X-ray examination –Chest.....
5. Scrology: widal Test.....VDRL.....
6. Pregnancy Test .....

**CONCLUSION**

**I have examined Mr/Mrs/Miss/Sr/Br/Fr.....and considered that he/she is/is not physically and mentally fit to be admitted to higher studies.**

.....  
 Date Signature Name.

.....  
 Title Qualifications.

Address :.....  
 .....  
 .....  
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