

**CARDINAL RUGAMBWA MEMORIAL UNIVERSITY COLLEGE**  
A Constituent College of St. Augustine University of Tanzania



**P.O.BOX 1830**  
**BUKOBA, TANZANIA**

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**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 Conjunctivae<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.**

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 Date Signature Name.

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 Title Qualifications.

Address .....

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