



SISTERS OF OUR LADY OF KILIMANJARO
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MEDICAL EXAMINATION FORM

SURNAME..... MIDDLE NAME..... FIRST NAME.....
AGE..... SEX.....
MARITAL STATUS..... NATIONALITY.....

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 ulcers..... |
| 9. Recurrent indigestion..... | 10. Jaundice..... |
| 11. Dysentery..... | 12. Varicose Veins..... |
| 13. Kidney or urinary disease..... | 14. Diabetes..... |
| 15. Epilepsy..... | 16. Deformity..... |
| 17. Psychosis..... | 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. HIV.....
28. Any other serious disorder.....

PHYSICAL EXAMINATION

1. Height..... 2.Weight.....
3. Skin disease..... 4. Eye Conjunctivae
- Pupils.....Vision Right.....
- Left.....
5. Please state condition of Ears (if any discharge).....
- Mouth and throat
- Nose.....
8. Abdomen.....Hernia.....
- 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.....
4. X-ray examination –Chest.....
5. Serology:..... Widal test.....VDRL.....

6. **Pregnancy Test** (For female only).

CONCLUSION

I have examined Mr/Mrs/Miss/.....and considered that he/she is

FIT/ NOT FIT physically and mentally to be admitted to higher studies.

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Date

.....
Signature

.....
Name

.....
Title

.....
Qualifications