

STELLA MARIS MTWARA UNIVERSITY COLLEGE
(A Constituent College of St. Augustine University of 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..... |
| | Vision Right..... |
| | Vision Left..... |
| 5. Please state condition of Ears (if any discharge)..... | |
| Mouth and throat..... | |
| Nose..... | |
| 6. Any Abnormality..... | |
| 7. Cardiovascular System..... | |
| Blood Pressure: Systolic.....Diastolic..... | |
| Heart: Any Murmur?..... Arteries and Veins..... | |

8. Abdomen.....Hernia.....HydroceleMasses.....
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) Monooytes.....
 - (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

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Signature

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Name

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Title

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Qualifications

Address:

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