

CATHOLIC DIOCESE OF GEITA

SENGEREMA HEALTH TRAINING INSTITUTE

MEDICAL EXAMINATION FORM

SURNAME-----OTHER NAMES -----  
AGE-----SEX-----

**PERSONAL HISTORY**

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

- 1. Tuberculosis -----
- 2. Asthenia -----
- 3. Allergy disorder -----
- 4. Heart Disease -----
- 5. Gastric or duodenal ulcer-----
- 6. Kidney or urinary disease -----
- 7. Diabetes Mellitus -----
- 8. Epilepsy -----
- 9. Deformity -----
- 10. Psychotic disorders -----
- 11. Eye disorder -----
- 12. Ear, Nose or Throat disorder -----
- 13. Recurrent Anaemia -----
- 14. Gynecological disorder -----
- 15. Any other serious disorder -----

**PHYSICAL EXAMINATION**

- 1. Height -----
- 2. Skin disease -----
- 3. Weight -----
- 4. Eye: Conjunctivae -----  
Pupils-----vision right -----  
Vision Left -----
- 5. Please state condition of Ears (if any discharge) -----  
Mouth and throat -----Nose -----
- 6. Any Abnormality -----
- 7. Abdomen -----Masses -----  
Liver -----Kidneys -----

**LABORATORY**

- 1. Urine Albumin -----Sugar -----  
Schistosomiasis -----
- 2. Stool: Special emphasis on Hookworm or Schistosomiasis -----
- 3. Chest X-ray -----
- 4. Serology: Widal test-----VDRL -----
- 5. Pregnancy Test (for females) -----

**CONCLUSION**

I have examined Mr/Mrs/Miss/Sr/Bi/Fr ----- and considered that he/she is /is not physically and mentally fit to be admitted to this study.

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Date

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Signature

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Name

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Designation

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Qualifications

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Official stamp