

**TUMAINI UNIVERSITY MAKUMIRA
FORM FOR MEDICAL EXAMINATION**

To be completed by a Medical Officer

1. Personal Particulars

Student's full name Age
Sex Address.....

2. Physical Examination

- Weight Height Blood Pressure.....Pulse Rate
- Vision Left Eye..... Right Eye
- Hearing Left Ear Right Ear
- CVS
- Lungs
- Digestive System Liver Spleen
- CNS UTS
- Muscular Skeletal System

Extremities

Back

- Any signs of Drug Addiction

3. Routine Laboratory Examination

- Urine - Microscopy - Multisticks
- Serology - Khan Test
- Stool - Microscopy - Widal Test
- Blood - Hb - Elisa Test
- ESR - TB Test
- WBC – Total & Differential
- RBC.....
- Blood Group

4. Conclusion

Do you consider the student/candidate medically/physically
fit to pursue his/her course at Tumaini University Makumira.....

.....

What condition or disability do you think has to be attended before he/she can be admitted?

.....

.....

*I certify that I have examined the above named person and consider that he/she is physically
and mentally **Fit / Unfit** for academic studies at Tumaini University Makumira (circle answer).*

Date

Signature

Name

Designation

Note: This report is subject to verification by a qualified Medical Doctor (TUMA June 2017)