



# KAHAMA COLLEGE OF HEALTH SCIENCES

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REG. NUMBER REG/HAS/171

## MEDICAL EXAMINATION FORM

Passport size  
Photograph

Medical Status/ Reports: To be filled by Medical Personnel in Government Hospital

### PART I: PERSONAL PARTICULARS *(To be filled by the candidate)*

SURNAME..... AGE..... SEX.....

OTHER NAMES.....

COURSE OF STUDY.....

SCHOOL..... MARITAL STATUS.....

### PART II: PERSONAL HISTORY *(To be filled by a medical qualified and registered professional)*

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

- |                                    |  |
|------------------------------------|--|
| 1. Tuberculosis.....               | 11. Diabetes.....                            |
| 2. Asthma.....                     | 12. Epilepsy.....                            |
| 3. Rheumatic fever.....            | 13. Deformity.....                           |
| 4. Allergic disorders.....         | 14. Mental Illness.....                      |
| 5. Heart disease.....              | 15. Eye disorder.....                        |
| 6. Gastric or duodenal ulcers..... | 16. Ear, Nose or Throat Disorder.....        |
| 7. Jaundice.....                   | 17. Skin Disease.....                        |
| 8. Dysentery.....                  | 18. Anemia.....                              |
| 9. Varicose veins.....             | 19. Gynecological disorder.....              |
| 10. Kidney disease.....            | 20. Any other serious disorder (specify..... |



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## PART III: PHYSICAL EXAMINATION *(To be filled by a medical qualified and registered professional)*

- 1. Height (cm) .....
- 2. Skin.....
- 3. Weight (kg) .....
- 4. Eyes.....
- 10. Cardiovascular system: ..... Blood Pressure ..... Systolic ..... Diastolic.....
- Heart: Any Mummer?..... Arteries and veins.....
- 11. Respiratory system: Lung fields .....
- 12. Abdomen.....
- 6. Ears (state if any discharge).....
- 7. Mouth and throat.....
- 8. Nose.....
- 9. Any abnormality.....

## PART IV: LABORATORY *(To be filled by a medical qualified and registered professional)*

- 1. Urinalysis .....
- 3. Serology .....
- 5. Full blood picture.....
- Widal test.....
- VDRL.....
- 2. Stool Examination.....
- 4. Urine pregnancy test (Females) .....

## PART V: CONCLUSION *(To be filled by a medical qualified and registered professional)*

I have examined Mr/ Miss/ Mrs.....and consider that he/ she..... to be admitted to the college for higher education.

Name of Examiner.....

Title..... Qualifications.....

Date:..... Signature:..... Stamp

Address:.....

*(It should be filled/ examined from the government hospital)*



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