

THE MWALIMU NYERERE MEMORIAL ACADEMY



**RE: REQUEST FOR MEDICAL EXAMINATION REPORT FOR STUDENT APPLYING FOR
ADMISSION FOR FULL TIME COURSE.**

To the Medical Officer,

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RE: Surname Age..... Sex..... Other name (s)
..... Programme

Marital Status Department

Please examine the above named as to her/his fitness for studies as a full time student.

A. PERSONAL HISTORY

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

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|-------------------------------|--|-------------------|
| 1. Tuberculosis | 15. Epilepsy | |
| 2. Pneumonia | 16. Deformity | 3. Pleurisy |
| | 17. Psychiatric..... | |
| 4. Asthma..... | 18. Eye disorder..... | |
| 5. Rheumatic fever..... | 19. Ear, Nose/Throat Disorder..... | |
| 6. Allergic disorder..... | 20. Skin diseases..... | |
| 7. Heart disease..... | 21. Anemia..... | |
| 8. Gastric or duodenal..... | 22. Gynaecological disorder..... | |
| 9. Recurrent indigestion..... | 23. Malaria/other tropical Diseases..... | 10. Jaundice..... |
| | 24. Major or Minor Operation..... | |
| 11. Dysentery..... | 25. Serious accidents..... | |
| 12. Varicose Veins..... | 26. Any other serious disorder..... | |
| 13. Diabetes..... | | |

B. PHYSICAL EXAMINATION

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|--|----------------------------|
| 1. Height..... | 3. Weight..... |
| 2. Skin diseases..... | 4. Eyes: Conjunctivae..... |
| | Pupils..... |
| | Vision Right..... |
| | Left..... |
| 5. Please state conditions
Of ears (if any discharge) | With glasses Right..... |

