

ST. AUGUSTINE UNIVERSITY OF TANZANIA
P.O. BOX 307,
MWANZA, TANZANIA



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
Pupils.....
Vision Right.....
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.....
Hydrocele..... | |
| Masses.....
Liver.....
Kidneys.....
Rectal.....
Any Clinical evidence of hyperacidity or gastric duodenal ulcer?..... | |

