

# UNIVERSITY OF IRINGA



## MEDICAL EXAMINATION FORM

Part A. To be completed by the UoI Student.

### I. Personal particulars

Full Name	
Gender	
Date of Birth	
Programme selected	

### II. PAST MEDICAL HISTORY

Please provide any Health problem under treatment or that requires special attention

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### III. DECLARATION

I declare that all the information provided herein is true to the best of my knowledge

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part B. TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR

EXAMINATION	STATUS	EXAMINATION	STATUS
HGB TEST		B. P	
STOOL-FOR OVA		CHEST (T.B, Asthma, Cardiovascular conditions)	
URINALYSIS		Any Allergic Conditions	
Other Chronic Conditions (Diabetes)		Any major surgery	

### I. ADDITIONAL INFORMATION (*Attachment (s) is allowed with this document*)

Physical Defects or Impairments, Infections, Chronic, or Hereditary (family) Disease

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### II. DECLARATION

I Dr. \_\_\_\_\_ of \_\_\_\_\_ Certify that I have  
examined the above Student and consider that he/she is physically/not physically fit  
for further studies.

Signature \_\_\_\_\_ Date \_\_\_\_\_