

UNIVERSITY OF DAR ES SALAAM

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FORM "B"

MEDICAL EXAMINATION

To be filled in duplicate and one copy to be kept by the University Health Centre and another copy to be presented for registration.

Surname Other Names.....

Sex Age..... Marital StatusCitizenship.....

Collage/ School/Institute.....Course Registered.....

A: PERSONAL HISTORY *(To be completed by the applicant)*

1. Have you ever suffered from any serious diseases or disorders? (YES* / NO*)

If YES explain:

2. Are you suffering from / having any conditions/disabilities that require necessary attention? (YES*/NO*)

If YES explain:

I, declare that the information provided above is correct.

Date Signature:

B : PHYSICAL EXAMINATION *(To be completed by registered medical practitioner)*

1: General Examination

2: Systemic Examination

1. Central Nervous System (CNS)

2. Respiratory System (**Attach evidence that you have been screened for Tuberculosis including Chest x-ray**)

3. Cardiovascular System (CVS)

4. Gastrointestinal System (GIS)

5. Genital Urinary System (GUS)

6. Musculoskeletal System (MSS)

7. Others (Specify).....

3: Investigations, *(Please Specify if Necessary and Attach Results)*

(1)(2).....(3).....

C: CONCLUSION

I have examined Mr. / Miss / Mrs.

and consider that **he*/she*** is physically and mentally **fit*** / **not fit*** to be admitted to the University for higher studies.

Name of the examining physician: Signature:

QualificationTitle:

Date..... Official Stamp:

* Delete whichever inapplicable