



BUHONGWA COLLEGE OF HEALTH AND ALLIED SCIENCES

1. BUHONGWA CAMPUS (REG/HAS/208)
2. USAGARA CAMPUS (REG/HAS/263)



P. O. Box 5016, Mwanza.
Mobile 0765246735/0689 360 489/0659 907 950
Website: www.bucohas.ac.tz E-mail: bucohas@gmail.com

MEDICAL EXAMINATION FORM

IMPORTANT: MEDICAL EXAMINATION MUST BE CONDUCTED BY MEDICAL PRACTITIONER WITH LICENCE FOR PRACTICE

PART I: STUDENTS INFORMATION

FULL NAME (as appeared on the CSEE Certificate)

AGE..... SEX MARITAL STATUS

PART II: MEDICAL HISTORY

Is the student suffering or has previously been suffered from any of the following diseases/disorders? (**Indicate Yes or No**)

S/N	DISORDER/DISEASE	YES	NO	COMMENTS
1.	Tuberculosis			
2.	Diabetes			
3.	Hypertension			
4.	Asthma			
5.	Epilepsy			
6.	Allergic Disorders			
7.	Mental Illness			
8.	Heart Diseases			
9.	Eye Disorder			
10.	Peptic Ulcer Disease (PUD)			
11.	Ear Nose & Throat Disorders			
12.	Gynecological Disorder (for female)			
13.	Any other serious disorder (If Yes, please comment)			

PART III: PHYSICAL EXAMINATION

1. Height (cm).....
2. Weight (Kg)
3. Skin.
4. Mouth and throat.

5. Nose
6. Eyes.....
7. Ears (state if any discharge)
8. Blood Pressure:.....
9. Heart:.....
10. Respiratory system:
11. Abdomen.
12. Any significant physical disability/impairment? (specify)
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PART IV: LABORATORY EXAMINATION

1. Urinalysis:
2. Stool Examination
3. Urine Pregnancy test (For female)
4. VDRL

PART V: CONCLUSION

I have examined Mr/Miss/Mrs
and consider that He/She is(FIT/NOT FIT) to be admitted to the
college for higher education.

Name of the Practitioner:**Signature**.....

Title:

Date:

Official Stamp.....