



Buhongwa College of Health and Allied Sciences

BUCOHAS

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MEDICAL EXAMINATION FORM

IMPORTANT: MEDICAL EXAMINATION SHOULD BE CONDUCTED BY A QUALIFIED MEDICAL PRACTITIONER

PART I: STUDENTS INFORMATION

FULL NAME (as appeared on the CSEE Certificate)

AGE..... SEX MARITAL STATUS

COURSE OF STUDY

PART II: MEDICAL HISTORY

If the student is suffering or has previously 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: Any Mummer?
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. Widal test
5. VDRL

PART V: CONCLUSION

I have examined Mr/Miss/Mrs.and consider that he/she
to be admitted to the college for higher
 education.

Name of Examiner:

Title: Qualifications:

Date: Signature.....

Official Stamp.....