

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DEPUTY VICE CHANCELLOR-ACADEMICS, RESEARCH AND CONSULTANCY

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MEDICAL REPORT FORM

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

SURNAME AGE..... SEX

OTHER NAMES..... COURSE OF STUDY

SCHOOL.....

MARITAL STATUS

PARTS II-V (To be filled by a medically qualified and registered professional)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate Yes or No.

- | | |
|------------------------------------|---|
| 1 Tuberculosis. | 11 Diabetes. |
| 2 Asthma..... | 12 Epilepsy..... |
| 3 Rheumatic fever | 13 Deformity |
| 4 Allergic disorders | 14 Mental Illness..... |
| 5 Heart disease | 15 Eye disorder |
| | Ear, Nose or Throat |
| 6 Gastric or duodenal ulcers | 16 Disorder..... |
| 7 Jaundice..... | 17 Skin disease |
| 8 Dysentery | 18 Anemia. |
| 9 Varicose veins. | 19 Gynecological disorder. |
| 10 Kidney disease. | 20 Any other serious disorder (specify) |
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