



HERMARGS INSTITUTE

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MEDICAL EXAMINATION FORM

This form consists of Section A to be completed by the applicant and Section B to be completed by a registered Medical Officer (Doctor of Medicine). The completed form must be submitted to the Institute on the reporting date.

SECTION A (TO BE COMPLETED BY THE APPLICANT)	
[Please Write in Block Letters] I. PERSONAL INFORMATION	
Full Name	First: _____
Date of Birth	Middle: _____
	Last: _____
	Sex _____
	Marital Status: _____
	Study Programme: _____
II. PAST MEDICAL HISTORY	
(I) NERVOUS SYSTEM Any loss of consciousness? Yes / No If yes, dates of incident _____ Current treatment _____ Any neurological deficiency? Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____ Any fits? Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____	Herpes Zoster Yes / No If yes, date of illness _____ Part of body affected _____ Hypertension Yes / No If yes, when detected _____ Current treatment _____ Asthma Yes / No If yes, when detected _____ Current treatment _____ Allergies Yes / No If yes, date of last reaction _____ Cause of reaction _____
(II) MUSCULO-SKELETAL SYSTEM Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____	Major Surgeries Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____ Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____
(III) OTHER CHRONIC CONDITIONS Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____ Tuberculosis Yes / No If yes, when detected _____ Current status Cured / On going treatment	Any Dietary Restrictions Yes / No If yes, state restriction _____

Please Note: The applicant is responsible for maintaining any dietary restrictions.

III. DECLARATION

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

Signature _____ Date _____

**SECTION B
(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR)**

IV. VARIOUS TESTS

(I) GENERAL APPEARANCE

Height _____ Weight _____
 Blood Pressure _____ Pulse Rate _____
 Lymphnode Palpable _____
 Skin Appearance _____
 Throat Tonsils _____
 Teeth Dentition _____ Carious _____
 EARS:
 Rt Hearing _____ Drum Membrane _____
 Lt Hearing _____ Drum Membrane _____
 EYES:
 Rt VA _____ Squint _____
 Lt VA _____ Squint _____

(II) CARDIO-RESPIRATORY SYSTEM

(CHEST X-RAY FILM & REPORT ARE NEEDED)
 Lung Fields _____ Breast Lumps _____
 Heart Size _____ Heart Sounds _____

(III) ABDOMINAL EXAMINATION

(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED)

FILM IS NEEDED)

Contour: Sunken / Normal / Distended
 Skin Scar _____
 Umbilicus _____ Hernia _____

(IV) MUSCULO SKELETAL SYSTEM

Any Deformation? Yes / No
 If yes which part of the body _____
 Type of deformity _____

V. LABORATORY INVESTIGATIONS

(I) BIOCHEMICAL

Fasting Blood Sugar _____
 Serum Creatinine _____
 Serum Aspartate T. _____
 Serum Alanine T. _____
 Blood Urea _____
 Uric Acid _____

(II) IMMUNOLOGY

VDRL Reaction if +ve treatment _____
 Widal Reaction if +ve treatment _____
 Contact with Human Immunodeficiency Virus Sero conversion (Optional) _____

(III) HEMATOLOGY

(CULTA COUNTER)

Haemoglobin _____
 White Cells Count _____

(IV) PARASITOLOGY

Stool Routine Examination _____
 Treatment _____
 Urinalysis & Sediment Microscopy _____

Treatment _____
 Blood Smear for Protozoa, Hemoflagellates & Spirochaetae _____
 Treatment _____

VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

VII. DECLARATION

I Dr. _____ of _____ has examined the named candidate and conclude that the candidate is / is not suitable to attend a Diploma programme at HERMARGS Institute.

Signature with Official Stamp _____ Date _____