



**ROMAN CATHOLIC DIOCESE OF NJOMBE  
LUGARAWA HEALTH TRAINING INSTITUTE (LUHETI)**

*(Quality Education – Quality Service)*

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**NJOMBE, TANZANIA.**



**FORM FOR MEDICAL EXAMINATION**

To be completed by a Medical Officer

**PART A: PERSONAL PARTICULARS**

Student's full name.....

Sex .....Address.....

Date of Birth: Year..... Month..... Date.....

**PART B: HEALTH HISTORY**

Is the examinee suffering from any of the following? Indicate Yes or No.

- Tuberculosis.....
- Epilepsy.....
- Pneumonia.....
- Deformity.....
- Asthma.....
- Eye disorder.....
- Rheumatic fever.....
- Ear, Nose/Throat Disorder.....
- Allergic disorder.....
- Skin diseases.....
- Heart disease.....
- Anemia.....
- Gastrointestinal.....
- Gynecological disorder.....
- Recurrent indigestion.....
- Jaundice.....
- Major or Minor Operation.....
- Dysentery.....
- Serious accidents.....
- Varicose Veins.....
- Diabetes.....
- Any other serious disorder.....

## PART C: PHYSICAL EXAMINATION

- Weight..... Height ..... Blood Pressure.....Pulse Rate. ....
- Vision..... Left Eye..... Right Eye.....
- Hearing..... Left Ear..... Right Ear.....
- CVS.....
- Lungs.....
- Digestive System .....
- CNS .....
- Genitourinary.....
- Muscular Skeletal System.....
- Extremities .....
- Back.....
- Any signs of drug addiction. ....

## PART D: ROUTINE LABORATORY EXAMINATION

- **Urine**                    -Microscopy.....
- UPT (HCG).....
- **Stool**                    -Microscopy.....
- **Blood**                    -Widal Test.....
- Hb.....
- ESR .....
- WBC – Total & Differential .....
- RBC.....
- Blood Group.....

## PART E: CONCLUSION

What condition or disability do you think has to be attended before he/she can be admitted?

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*I certify that I have examined the above named person and consider that he/she is physically and mentally **Fit/Unfit for** academic studies at LUGARAWA HEALTH TRAINING INSTITUTE (LUHETI) (circle answer).*

**Date**.....

**Name**.....

**Signature**.....

**Designation**.....

*(Official stamp here)*

**Note:** This report is subject to verification by a qualified **Medical Doctor**