

UNIVERSITY OF IRINGA



MEDICAL EXAMINATION FORM

Part A. To be completed by the UoI Student.

I. Personal particulars

Full Name	
Gender	
Date of Birth	
Programme Selected	
Phone Number	

II. PAST MEDICAL HISTORY

Please provide any Health problem under treatment or that requires special attention

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III. DECLARATION

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

II. Signature _____ Date _____

Part B. TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR

EXAMINATION	STATUS	EXAMINATION	STATUS
HGB TEST		B. P	
STOOL -FOR OVA		CHEST (T. B, Asthma,Cardiovascular conditions)	
URINALYSIS		Any Allergic Conditions	
UTP			
Other Chronic Conditions (Diabetes)		Any major surgery	

I. ADDITIONAL INFORMATION (*Attachment (s) is allowed with this document*)

Physical Defects or Impairments, Infections, Chronic, or Hereditary (family) Disease

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II. DECLARATION

I Dr. _____ of _____ Certify that I have examined the above Student and consider that he/she is physically / not physically fit for further studies.

Signature _____ Date _____