

# UNIVERSITY OF DAR ES SALAAM

OFFICE OF THE DEPUTY VICE CHANCELLOR  
ACADEMIC

**DIRECTORATE OF UNDERGRADUATE STUDIES**

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## FORM "B"

### MEDICAL EXAMINATION

To be filled in duplicate and one copy to be kept by the University Health Centre and another copy to be presented for registration.

Surname ..... Other Names.....

Sex ..... Age..... Marital Status .....Citizenship.....

Collage/ School/Institute.....Course Registered.....

#### A: PERSONAL HISTORY *(To be completed by the applicant)*

1. Have you ever suffered from any serious diseases or disorders? (YES\* / NO\*)

If YES explain: .....

2. Are you suffering from / having any conditions/disabilities that require necessary attention? (YES\*/NO\*)

If YES explain: .....

I ....., declare that the information provided above is correct.

Date ..... Signature: .....

#### B : PHYSICAL EXAMINATION *(To be completed by registered medical practitioner)*

##### 1: General Examination

##### 2: Systemic Examination

1. Central Nervous System (CNS) .....

2. Respiratory System (**Chest x-ray is mandatory\*\***) .....

3. Cardiovascular System (CVS) .....

4. Gastrointestinal System (GIS) .....

5. Genital Urinary System (GUS) .....

6. Musculoskeletal System (MSS) .....

7. Others (Specify).....

##### 3: Investigations, *(Please Specify if Necessary and Attach Results)*

(1) .....(2).....(3).....

#### C: CONCLUSION

I have examined Mr. / Miss / Mrs. ....

and consider that he/she is physically and mentally **fit\*** / **not fit\*** to be admitted to the University for higher studies.

Name of the examining physician: ..... Signature: .....

Qualification ..... Title: .....

Date..... Official Stamp:

\* Delete whichever inapplicable

\*\* Attach chest x-ray report