

UNIVERSITY OF DAR ES SALAAM

OFFICE OF THE DEPUTY VICE CHANCELLOR
ACADEMIC

DIRECTORATE OF UNDERGRADUATE STUDIES

P.O. BOX 35091 ♦ DAR ES SALAAM ♦ TANZANIA

Telephone: +255-022-2410500 Ext. 2057
Direct Line: +255-022-2410513
Telefax: +255-022-2410078



Telegraphic Address: UNIVERSITY OF DAR ES SALAAM
E-mail: dus@admin.udsm.ac.tz
Website Address: www.udsm.ac.tz

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