



JOSIAH KIBIRA UNIVERSITY COLLEGE OF TUMAINI UNIVERSITY MAKUMIRA

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MEDICAL EXAMINATION FORM

To be completed by a Medical Officer.

1. Personal Particulars.

Student's full name Age

Sex Address

2. Physical Examination

- Weight Height Blood Pressure Pulse Rate
- Vision Left Eye Right Eye
- Hearing Left Ear Right Ear
- CVS
- Lungs
- Digestive System Liver Spleen
- CNS UTS
- Muscular Skeletal System

Extremities

Back

- Any signs of Drug Addiction

3. Routine Laboratory Examination

- Urine - Microscopy - Multisticks
- Serology - Khan Test
- * Stool - Microscopy - Widal Test
- * Blood - Hb - Elisa Test
- ESR - TB Test
- WBC - Total & Differential
- RBC
- Blood Group

4. Conclusion

Do you consider the student/candidate medical/physically fit to pursue his/her course at Josiah Kibira University College?

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

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 Josiah Kibira University College (circle answer).

Date

Signature

Name

Designation