

ARDHI INSTITUTE MOROGORO

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P.O. Box 155
Morogoro.

Form: S.4

Date:.....

MEDICAL REPORT FORM

Admission to Ardhhi Institute is conditional upon receipt of a satisfactory medical report. The Medical practitioner to whom this Form S. 4 is presented is requested to return it completed immediately to:

Principal,
Ardhi Institute Morogoro,
P. O. Box 155,
Morogoro.

SURNAME: OTHER NAMES:

COURSE:

AGE:SEX.....

MARITAL STATUS:

A: PERSONAL HISTORY

Has examinee suffered from any of the following? If yes, indicate date and diagnosis. If not, please write 'NO' in the appropriate space,

(a) TuberculosisOther respiratory diseases
.....

(b) Cardiac disease

(c) Gastro - intestinal disease

(d) Renal or Genital - Urinary disease

(e) Syphilis or Gonorrhoea

(f) Emotional disease or Psychosis

(g) Serious injuries

(h) Allergic or Asthma

- (i) Any operations?
- (j) Any fits?

LABORATORY

- 1. Urine: Albumin
- Sugar
- Leucocytes
- Bilharzias
- 2. Stool

PHYSICAL EXAMINATION

- 1. Heightcm
- Weightkg

- 2. Skin disease

- 3. Eye conjunctive Pupils

- Sight: Without glasses: RightLeft

- With glasses: Right Left
- Please state condition of:
- Ear (if any discharge)
- Mouth and throat
- Nose

- 4. Respiratory System:
- Any abnormality?.....

- 5. Cardiovascular system:
- Blood pressure: systolic Diastolic
- Heart: Any Murmur?Arteries and Veins
-Abdomen.....
- HerniaHydroceleMasses
- LiverSpleenKidneyRectal
-

Any clinical evidence of hyperacidity or gastric - duodenal ulcer?.....
Special emphasis on Hookworm or Bilharzia.....

6. Blood examination: Haemoglobin
- Differential count:
- (a) NeutrophilsEusinophilsBasophils
.....
- (b) LymphocytesMonocytes

X-RAY EXAMINATION

X-Ray (chest). (Send the X ray film)

Report:

CONCLUSION

I have examined Mr. /Miss/Mrs.

And consider that he/she is Fit/Not fit* to be admitted to the Course applied for:

Date: Signature:

Name: Title:

Address: Qualification:

*Delete whichever does not apply