



# CHATO COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY

A constituent of Chato Health Foundation Tanzania Limited

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## MEDICAL EXAMINATION CERTIFICATE

### A: BIODATA

FIRST NAME ..... MIDDLE NAME .....

SURNAME..... AGE..... SEX.....

MARITAL STATUS.....

HOME ADDRESS VILLAGE ..... WARD.....

DISTRICT.....

### B: PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No. If Yes give the results:

1. Tuberculosis..... 2. Leprosy.....

3. Pneumonia..... 4. Typhoid fever.....

7. Rheumatic fever..... 8. Allergy disorder.....

9. Heart Disease..... 10. Recurrent headache.....

11. Gastric or duodenal ulcer.....

12. Hepatitis B..... 13. Recurrent indigestion.....

14. Jaundice..... 15. Dysentery.....

16. Sickle cell diseases..... 17. Varicose veins.....

18. Kidney or urinary diseases.....

19. Other forms of Liver diseases.....

20. Epilepsy ..... 21. Diabetes mellitus.....

22. Psychotic disorders..... 23. Deformity (state type).....

24. Ear, nose or throat disorder.....

25. Eye disorder..... 26. Skin disease.....

27. Gynecological disorder..... 28.Skin disease.....
29. Malaria other tropical disease.....
30. Major or minor operations..... 31. Serious accidents.....
32. Any other serious disorder.....

**C: PHYSICAL EXAMINATION**

Height..... Weight..... BP:...../.....

HB:..... RBG.....

Cardiovascular System..... Urine Analysis.....

Stool analysis: Special emphasis on Hookworm or Bilharzia .....

(a) Neutrophils..... (b) Eusinophils..... (c) Basophiles.....

(d) Lymphocytes..... (e) Monocytes..... (f) ESR.....

Serology: Widal test..... VDRL.....

6. Pregnancy Test (Female only) .....Hepatitis B:.....

**D: CONCLUSION**

I have examined Mr/Mrs/Miss/Sr/Br/Fr.....

Aged.....years old and considered that she/he is physically, mentally fit to be registered for studies/is not physically and mentally fit to be admitted to college studies.

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Name of examining Dr./Clinician: .....

Signature.....

Qualification:..... Date.....

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Official stamp: