



# BUHONGWA COLLEGE OF HEALTH AND ALLIED SCIENCES

NACTVET REGISTRATION NO.  
REG/HAS/263



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## MEDICAL EXAMINATION FORM

**IMPORTANT: MEDICAL EXAMINATION MUST BE CONDUCTED BY MEDICAL  
PRACTITIONER WITH LICENCE FOR PRACTICE**

### PART I: STUDENTS INFORMATION

FULL NAME (as appeared on the CSEE Certificate)

AGE..... SEX ..... MARITAL STATUS .....

### PART II: MEDICAL HISTORY

Is the student suffering or has previously been suffered from any of the following diseases/disorders? (Indicate Yes or No)

S/N	DISORDER/DISEASE	YES	NO	COMMENTS
1.	Tuberculosis			
2.	Diabetes			
3.	Hypertension			
4.	Asthma			
5.	Epilepsy			
6.	Allergic Disorders			
7.	Mental Illness			
8.	Heart Diseases			
9.	Eye Disorder			
10.	Peptic Ulcer Disease (PUD)			
11.	Ear Nose & Throat Disorders			
12.	Gynecological Disorder (for female)			
13.	Any other serious disorder (If Yes, please comment)			

### PART III: PHYSICAL EXAMINATION

1. Height (cm).....
2. Weight (Kg) .....
3. Skin. ....
4. Mouth and throat. ....
5. Nose .....
6. Eyes.....
7. Ears (state if any discharge) .....
8. Blood Pressure:.....
9. Heart:.....
10. Respiratory system: .....
11. Abdomen. ....
12. Any            significant            physical            disability/impairment?            (specify)  
.....  
.....

### PART IV: LABORATORY EXAMINATION

1. Urinalysis: .....
2. Stool Examination .....
3. Urine Pregnancy test (For female) .....
4. VDRL .....

### PART V: CONCLUSION

I have examined Mr/Miss/Mrs .....  
and consider that He/She is .....**(FIT/NOT FIT)** to be admitted to the  
college for higher education.

**Name of the Practitioner:** .....**Signature**.....

**Title:** .....

**Date:** .....

**Official Stamp**.....