



ST. FRANCIS UNIVERSITY COLLEGE OF HEALTH AND ALLIED SCIENCES



A Constituent College of St. Augustine University of Tanzania

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MEDICAL CERTIFICATE

SURNAME..... OTHER NAMES.....
AGE..... SEX.....
MARITAL STATUS..... CITIZENSHIP.....

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

- | | |
|---|---------------------------------|
| 1. Tuberculosis..... | 2. Pneumonia..... |
| 3. Pleurisy..... | 4. Asthenia..... |
| 5. Rheumatic Fever..... | 6. Allergy disorder..... |
| 7. Heart Disease..... | 8. Gastric or duodenal..... |
| 9. Recurrent indigestion..... | 10. Jaundice..... |
| 11. Dysentery..... | 12. Varicose Veins..... |
| 13. Kidney or urinary disease..... | 14. Diabetes..... |
| 15. Epilepsy..... | 16. Deformity..... |
| 17. Psychotic..... | 18. Eye disorder..... |
| 19. Ear, Nose or Throat disorder..... | 20. Skin disease..... |
| 21. Anemia..... | 22. Gynecological disorder..... |
| 23. Malaria other tropical disease..... | 24. Cholera..... |
| 25. Major or minor operations..... | 26. Serious accidents..... |
| 27. Any other serious disorder..... | |

PHYSICAL EXAMINATION.

- | | |
|---|-----------------------------|
| 1. Height..... | 2. Weight..... |
| 3. Skin disease..... | Eye Conjunctivae |
| | Pupils..... |
| | Vision: Right.....Left..... |
| 5. Please state condition of Ears (if any discharge)..... | |
| Mouth and throat | |
| Nose..... | |
| 6. Any Abnormality..... | |
| 7. Cardiovascular System..... | |
| Blood Pressure: Systolic.....Diastolic..... | |
| Heart: Any Murmur?..... | Arteries and Veins..... |

All Official Correspondence to be addressed to the Principal of SFUCHAS
