SENGEREMA HEALTH TRAINING INSTITUTE
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Web site: www.shti.ac.tz **Email address:** admissionshti18@gmail.com

STUDENT'S MEDICAL EXAMINATION FORM

First name .... **Middle name** ....

Last name ....

Course selected ....

Nationality .... **Age** .... **Gender** ....

Marital status ....

PERSONAL HISTORY

Has the examinee ever suffered from any of the following? If yes indicate date and diagnosis. If not please write "NO in Appropriate space.

NO	SUFFERED FROM	YES	NO
A	Tuberculosis		
B	Other aspiratory diseases		
C	Cardiac Diseases		
D	Gastro – Intestinal disease		
E	Any chronic Renal or Genitor Urinary disease		
F	Syphilis or Gonorrhea		
G	Emotional disease or psychosis		
H	Serious Injuries		
I	Allergies		
J	Any fits		
K	Leprosy		
L	Diabetes		

PHYSICAL EXAMINATION

1. Height ....2. Weight ....

3. **Chest**

   - Lungs ....
   - Heart ....
   - BP ....

4. **Abdomen**

   - Organs ....
   - Other Mass ....
   - Pregnancy ....

5. Skin disease ....

6. **Eyes**: Conjunctivae .... Pupils ....

   Sight: Without glasses

   Right ....

   Left ....

   Right ....

   Left ....

7. **ENT**

   ....

8. **LAB INVESTIGATIONS**

   A) WBC .... B/S ....Stool .... Urine ....

CATHOLIC DIOCESE OF GEITA

9. **Any physical Abnormalities Of The Prospective Students Plus The Doctors Recommendations**

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CATHOLIC DIOCESE OF GEITA

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CONCLUSION

I have examined Mr./Mrs./Miss .... and considered that he/she is fit/not fit to be enrolled as a student at SHTI.

Name ....**Qualifications** ....

Signature .... **Date** ....

Official stamp