



MUSLIM UNIVERSITY OF MOROGORO

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MEDICAL EXAMINATION REPORT

(To be filled by registered Medical Practitioner)

Admission to Muslim University of Morogoro is conditional upon a satisfactory medical report. The Report should be sent to: -

The Deputy Vice Chancellor (Academic),
 Muslim University of Morogoro,
 P.O. Box 1031,
MOROGORO.

PERSONAL HISTORY

Surname..... Other names:

Age: Sex: Faculty:

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

	Yes/No/Status		Yes/No/Status
1. Tuberculosis		16. Epilepsy	
2. Pneumonia		17. Poliomyelitis or other neurological disorders	
3. Asthma		18. Nervous breakdown	
4. Pleurisy		19. Psychiatric Disorders	
5. Rheumatic fever		20. Eye disorder	
6. Allergic disorders		21. Ear, Nose or Throat Disorders	
7. Heart disease		22. Skin Disease	
8. Gastric or Duodenal ulcer		23. Anaemia	
9. Recurrent indigestion		24. Gynaecological Disorders	
10. Jaundice		25. Malaria or other tropical diseases	
11. Dysentery		26. Cholera	
12. Varicose veins		27. Operation	
13. Kidney or urinary Disease		28. Serious Accident	
14. Rupture		29. Any other serious disorders	
15. Diabetes			

PHYSICAL EXAMINATION

1. Height: Weight:
 2. Skin:
 3. Eyes: Conjunctivae: Right..... Left:
 - Pupils: Right: Left:
 - Sight: without Glasses:
 - with Glasses:
 4. Please state condition of:
 - Ears (If any discharge):
 - Mouth and Throat: Nose:
 5. Respiratory System:
 6. Cardiovascular System
 - Blood pressure: Systolic: Diastolic:
 - Heart: Arteries & Veins
 7. Abdomen: Hernia Masses
 - Hydrocele Liver
 - Spleen Kidneys
 - Rectum
- Any clinical evidence of hyperacidity or gastric-duodenal ulcer?

LABORATORY

1. Urine:
 - Albumin
 - Sugar.....
 - Leucocytes
 - Bilharzia
2. Stools for parasites
 -
 -
 -
3. Blood Examination
 - (a) Grouping:
 - (b) Neutrophils:
 - (c) Eosinophils:
 - (d) Basophils:
 - (e) Lymphocytes:

- (f) Monocytes:
- (g) ESR:
- (h) Parasites:

X- RAY EXAMINATION

X-Ray chest (send the X-ray Film) report:

CONCLUSION

I have examined Mr/Mrs/Miss
and consider that he/she is /is not physically and mentally fit for admission to
the University.

Name: Signature: Date:

Title..... Qualification:

Address:

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Official Stamp:

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