



LAKE INSTITUTE OF HEALTH AND ALLIED SCIENCES (LIHAS)

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Lake Institute of Health and Allied Sciences is a private Institute fully registered by NACTE with Reg. No. REG/HAS/197.

MEDICAL EXAMINATION FORM

1. STUDENTS PARTICULARS

The students should fill to this form his/her details as written in his/her birth certificate and other academic credentials. The name in this form should match with details provided in your application form and joining instruction form.

S/No. Details	Please Write in Capital Letters
1.0. First Name	_____
2.0. Middle Name	_____
3.0. Last Name	_____
4.0. Date of Birth	_____
5.0. Gender (Male/female)	_____
6.0. Marital Status (Single/Married)	_____
7.0. Region of Birth	_____
8.0. District of Birth	_____
9.0. Country of Birth	_____
10.0. Nationality	_____
11.0. Tribe & Religion	_____

2. STUDENTS PERMANENT ADDRESS

The students should provide his/her personal contacts correctly to the Medical Institution in case of any additional information and feedback of your application so that you can easily be reached.

S/No. Details	Please Write in Capital Letters
1.0. Your Full Name	_____
2.0. Name of the Place	_____
3.0. Postal Address	_____
4.0. Your Home City	_____
5.0. Your Country	_____
6.0. Your Email	_____
7.0. Your Mobile Number	_____

3. STUDENTS PAST MEDICAL HISTORY

The Medical Doctor should assess the students past history of the following conditions by putting a Tick (✓) or (x) in an appropriate condition, Diseases or disorder

S/No.	DISEASES	YES	NO	S/No.	DISEASES	YES	NO
1	TB			13	Pneumonia		
2	Pleurisy			14	Asthenia		
3	Rheumatic Fever			15	Allergy if any		
4	Heart Diseases			16	Gastric or Duodenal		
5	Recurrent Indigestion			17	Jaundice		
6	Dysentery			18	Varicose Veins		
7	U.T. I			19	Deformity		
8	Epilepsy			20	Eye Disorder		
9	Psychotic			21	Skin Disease		
10	Anaemia			22	cholera		
11	Gynaecological Disorder			23	Diabetes		
12	Nose Disorder			24	Ear Disorder		

4. LABORATORY AND RADIOLOGY TEST

The student should conduct the following laboratory test to assess his/her current health condition to undertake the selected program for three years

S.NO.	TEST	RESULTS	COMMENTS
1	Urinalysis		
2	Stool Analysis		
3	Blood Examination		
	3.1. WBC		
	3.2. HB		
	3.3. PLATELETS		
	3.4. ESR		
	3.5. HIV Test (Optional)		
4	Pregnancy Test		
5	Serological Test for Syphilis		
6	X-Ray Examination-chest		

5. PHYSICAL EXAMINATION

S/No.	EXAMINATION	FINDING	COMMENTS
1	Height		
2	Weight		
3	Skin Disease		
4	Eyes		
	4.1. Conjunctiva		
	4.2. Pupils		
	4.3. Sight without glasses	LS	
		RS	
	4.4. sight with glasses	LS	
		RS	
5	ENT		
6	NERVOUS SYSTEM		
	6.1. Motor Functions		
	6.2. Sensory functions		
7	RESPIRATORY SYSTEM		
	7.1. Thorax		
	7.2. Breasts		
8	CARDIOVASCULAR SYSTEM		
	8.1. Pulse rate		
	8.2. BP		
	8.3. Auscultation		
9	ABDOMEN		
	9.1. Organomegaly		
	9.2. Rectal Examination		

6. CONCLUSION

I HAVE EXAMINED MR/MRS/MS

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AND

CONSIDERED THAT HE/SHE IS

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TO BE ENROLLED AS A STUDENT AT LIHAS

Title.....

Name.....

Signature.....

Designation.....

Date.....

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To be filled and signed by a registered medical officer with official stamp