MLIMBA INSTITUTE OF HEALTH AND ALLIED SCIENCES (MIHAS)

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MEDICAL CERTIFICATE 2021/2022

SURNAME…….OTHER NAMES……..

AGE…… SEX…… MARITAL STATUS……
CITIZENSHIP……

PERSONAL HISTORY

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

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

PHYSICAL EXAMINATION

1. Height……
2. Weight……
3. Skin disease…….

4.Eye Conjunctivae
Pupils …….
Vision: Right……...
Left…….

Please state condition of Ears (if any discharge)……
Mouth and throat ……
Nose……..

1. CARDIOVASCULAR SYSTEM

Blood Pressure: Systolic……. Diastolic……
Heart: Any Murmur……
Arteries and Veins……..

A: GASTRO INTESTINAL SYSTEM……
Hernia…….
Hydrocele……
Liver……..
Kidneys……
Rectaum……
Any Clinical evidence of hyperacidity or gastric duodenal ulcer……

LABORATORY

1. Urine

Albumin……..
Glucose……...
Bilharzia…….

2. Stool:

3. Blood examination :

Hb Level……
4. Neutrophils……
5. Esinophils……..

6. Lymphocytes……
7. Monocytes……
8. ESR…….

a. X-ray examination –Chest……

b. Serology: Widal test…… VDRL…….

c. Pregnancy Test ……..

CONCLUSION

I have examined Mr/Mrs/Miss/Sr/Br/Fr…… and considered that she/he is/is not physically and mentally fit to be admitted to the Institute for studies.

…… …….

Title Qualifications

Address ……

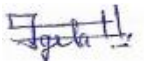
……..

……..

……. …….. …… ……. …….

Name Signature Date

IMETOLEWA NA



Director

Mlimba Institute of Health and Allied Sciences

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