

**EASTERN AFRICA STATISTICAL TRAINING CENTRE**

**P.O.BOX 35103 DAR-ES SALAAM, TANZANIA**



**MEDICAL CERTIFICATE**

**SURNAME:** ..... **OTHER NAMES:** .....

**AGE:** ..... **SEX:** .....

**MARITAL STATUS:** ..... **CITIZENSHIP:** .....

**PERSONAL HISTORY.**

Has the examinee suffered 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: ..... 4. 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: .....
8. Abdomen: .....  
Hernia: .....  
Hydrocele: .....  
Masses: .....  
Liver: .....  
Kidneys: .....  
Rectal: .....  
Any Clinical evidence of hyperacidity or gastric duodenal ulcer?: .....

**LABORATORY.**

1. Urine Albinum: .....  
    Sugar: .....  
    Bilharzia: .....
2. Stool: Special emphasis on Hookworm or Bilharzia.
3. Blood examination: Hb Level: .....
  - (a) Neutrophils.....
  - (b) Eusinophils.....
  - (c) Bisophils.....
  - (d) Lymphocytes.....
  - (e) Monoocytes.....
  - (f) ESR.....
4. X-ray examination - Chest: .....
5. Scrology: Widal Test: ..... VDRL: .....
6. Pregnancy Test: .....

**CONCLUSION.**

**I have examined Mr./Mrs./Miss/.....and considered that he/she is/is not physically and mentally fit to be admitted to higher studies.**

.....

**Name.**

**Signature**

**Date**

.....

**Title**

**Qualifications.**

**Address:**

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.....

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**Official stamp**