

VIGNAN INSTITUTE OF SCIENCE AND TECHNOLOGY



P.O. Box 77594, New Bagamoyo Road, Near Mbezi Beach Area, Dar es Salaam

MEDICAL EXAMINATION CERTIFICATE FORM

Name _____ Age _____ Sex _____

Height _____ Weight _____ Address _____

Past History _____ Family History _____

PHYSICAL EXAMINATION

1) Vision:

i. RT eye _____ ii. LT eye _____

2) Respiratory System:

i. ENT _____ ii. Chest _____ iii. Lungs _____ iv. Chest X-ray _____

3) Cardiovascular System:

i. BP _____ ii. Pulse rate _____ iii. Heart _____

4) Digestive:

i. Liver _____ ii. Spleen _____

5) Central nervous system

i. Reflexes _____

6) Urinary Track System

i. Kidney _____ ii. Bladder _____

Has the candidate been treated for psychological or nervous illness _____ has the candidate been successfully vaccinated

LABORATORY ANALYSIS

URINE	-	Microscopy _____	Pregnancy Test _____
	-	Multistix _____	Serology _____
STOOL	-	Microscopy _____	Khan Test _____
BLOOD	-	HGB _____	Widal Test _____
	-	ESR _____	ELISA Test _____
	-	WBC-Total _____	TB Test _____
	-	Differential _____	RBC _____
	-	Platelets _____	Blood Group _____

I certify that I have examined the above patient and consider that he/she is physically and mentally fit/unit for student/travel/Abroad/Employment.

Doctor's Name _____ Doctor's Signature _____

Department _____ Date _____ Seal _____