

DAR ES SALAAM MARITIME INSTITUTE (DMI)



MEDICAL EXAMINATION FORM

FULL NAME OF STUDENTS:

DATE OF BIRTH:...../...../..... **SEX:**

BODY WEIGHT:, **HEIGHT:**

PAST HISTORY **FAMILY**,.....

PHYSICAL STATUS			
VISION		SKIN EXAMINATION	
RT-EYE			
LT-EYE			
RESPIRATORY SYSTEM		CARDIOVASCULAR SYSTEM	
ENT		HEART	
X-CHEST		BP	
LUNGS		PULSE RATE	
DIGESTIVE		URINARY TRACT SYSTEM	
LIVER		KIDNEY	
SPLEEN		BLADDER	
BLOOD PRESSURE.		CENTRAL NERVOUS SYSTEM	
SYSTOLIC		RELEXES	
DIASTOLIC			
LABORATORY INVESTIGATION			
URINE	MICROSCOPY	PREGNANCY TEST	
	MULTISTICS	SEROLOGY	KHAN TEST
STOOL	MICROSCOPY		WIDAL TEST
BLOOD	HGB	VDRL	ELISA TEST
	ESR		TB TEST
	WBC-TOTAL		
	DIFFERENTIAL		
	RBC		
	PLATELETS		
	BLOOD GROUP		

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

I certify that I have examined the above and consider that he/she is physically and mentally fit/unfit for studies.

NAME & SIGNATURE OF CERTIFIED DR:.....

NAME OF HOSPITAL (INCLUDE OFFICIAL STAMP):