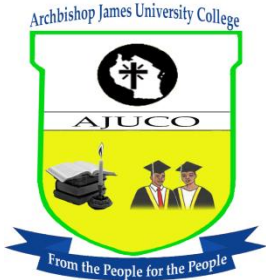


ARCHBISHOP JAMES UNIVERSITY COLLEGE (AJUCO)



(A Constituent College of St. Augustine University of Tanzania)

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EAST AFRICA



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MEDICAL CERTIFICATE

SURNAME _____ OTHER NAMES _____
AGE _____ SEX _____
MARITAL STATUS _____ CITIZENSHIP _____

PERSONAL HISTORY

Is the examinee suffering 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/Sr/Br/Fr _____ and considered that he/she is/is not physically and mentally fit to be employed at SAUT.

.....

 Date Signature Name

 Title Qualifications

Address _____

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