

SOKOINE UNIVERSITY OF AGRICULTURE

Admission to Sokoine University of Agriculture is conditional upon a satisfactory medical report. Report be should sent to:-

The Deputy Vice Chancellor (Academic),
Sokoine University of Agriculture,
P.O. Box 3000, Chuo Kikuu,
MOROGORO.

Surname: _____ Other names: _____

Faculty: _____ Age: _____ Sex: _____

PERSONAL HISTORY

Has the examined suffered from any of the following? If yes indicate date and diagnosis. If not please write 'NO' in appropriate space.

1.	Tuberculosis	16.	Epilepsy
2.	Pneumonia	17.	Poliomyelitis or other neurological Disorders
3.	Asthma	18.	Nervous breakdown
4.	Pleurisy	19.	Psychiatric Disorders
5.	Rheumatic fever	20.	Eye disorder
6.	Allergic Disorders	21.	Ear, Nose or Throat Disorders
7.	Heart Disease	22.	Skin Disease
8.	Gastric or Duodenal Ulcer	23.	Anaemia
9.	Recurrent indigestion	24.	Gynecological Disorders
10.	Jaundice	25.	Malaria or other tropical disease
11.	Dysentery	26.	Cholera
12.	Varicose veins	27.	Operation
13.	Kidney or Urinary Disease	28.	Serious Accident
14.	Repture	29.	Any other serious Disorders
15.	Diabetes		

PHYSICAL EXAMINATION

1. Height: _____ Weight: _____ Pupils _____

2. Skin Disease _____

3. Eyes: Conjunctive _____ Right: _____

Left: _____

Sight: Without Glasses _____

With Glasses _____

4. Please state condition of Ears (If any discharge)

Mouth and Throat _____ Nose _____

5. Respiratory System any abnormality? _____

6. Cardiovascular system:

Blood pressure: Systolic _____ Diastolic _____

Heart: Any mummings? _____ Arteries & Veins _____

7. Abdomen: Hernia _____ Masses _____

Hydroccle _____ Liver _____

Spleen _____ Kidneys _____

Any clinical evidence of hyperacidity or satric-duodenal ulcer.

LABORATORY

1. Urine: Albumin _____

Sugar _____

Leukocytes _____

Bilharzia _____

2. Stools: Special emphasis on Hookworm or bilharzias

3. Blood Examination:

(a) Neutrophils _____

(b) Eosinophils _____

(c) Basophils _____

(d) Lymphocytes _____

(e) Monocytes _____

X-RAY EXAMINATION

X-Ray chest (send the X-ray Film) Report: _____

CONCLUSION

I have examined Mr/Miss/Mrs. _____
and consider that he/she is not physically and mental fit to be admitted to the University
for higher studies.

Date: _____ Signature: _____ Name: _____

Title: _____ Qualification: _____

Address:

