CATHOLIC UNIVERSITY OF HEALTH & ALLIED SCIENCES-BUGANDO

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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) Neuotrophils……
(b) Eusinophils……..
(c) Bisophils……..
(d) Lymphocytes……
(e) Monocytes……
(f) ESR……
4. X-ray examination –Chest……
5. Serology: Widal test……VDRL……
6. Pregnancy Test ……..

CONCLUSION

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

……..	…….	…….
Date	Signature	Name
…….	…….	
Title	Qualifications	

Address ……
……..
……..
……..