

AFRICA UNIVERSITY
(A United Methodist-Related Institution)

(Strictly Confidential)

<u>FOR OFFICIAL USE</u>

AFRICA UNIVERSITY
P O BOX 1320
MUTARE
ZIMBABWE

STUDENT MEDICAL EXAMINATION FORM

Explanatory Notes

The purpose of the Medical Examination is to identify existing medical conditions and make arrangements for management to enable the student to have a conducive medical environment during the period of study.

PART A:

1. Full Names of applicant (Surname First)
.....
2. Name of Faculty where student is to be admitted
.....
3. Duration or Period of study
.....
4. a) Postal Address
-
- b) Physical Address
-
5. Name and contact telephone number of next of kin (including country and area code)
Full name of next of kin Relationship
- Telephone number
6. Applicant's date of birth

PART B: COLLECTION OF HEALTH DATA

State whether or not you have suffered from the following medical conditions:-

Cordio - Vascular System

	<u>YES/NO</u>	<u>IF YES, DATES</u>
1. Heart disease (weak heart) strained heart
2. Hypertension (High Blood Pressure)
3. Fainting attacks or giddiness
4. Rheumatic Fever
5. Hemorrhoids or other varicose veins

Gastro-Intestinal System

6. Stomach or Bowel complaints	.....	.....
7. Indigestion or peptic ulcers	.....	.....

Endocrine System

8. Diabetes Mellitus	.....	.....
9. Goitre or Thyroid disease	.....	.....

Musculo-Skeletal System

10. Silicosis	.....	.....
11. Rheumatism	.....	.....
12. Backache or injury to the back	.....	.....
13. Injury or disease of bones
14. Dental disease

Nervous System

15. Eye or Ear complaints
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Specify

- 16. Fits or convulsions
- 17. Severe headache or migraine
- 18. Head injuries or concussion
- 19. Nervous breakdown or any other
- 20. Other Nervous trouble

Genito-Urinary System

- 21a. Period pains (Dysmenorrhoea)
- b. Other disease of the female
Genital tract (Specify)
- 22. Kidney or bladder trouble
- 23. Syphilis or Gonorrhoea
- 24. Other Sexually Transmitted Disease
- Specify

Respiratory System

- 25. Tuberculosis of the lungs
- 26. Bronchitis or Pneumonia
- 27. Asthma or Hayfever

Tropical and other diseases

- 28. Malaria
- 29. Blackwater fever
- 30. Dysentery
- 31. Enteric fever (typhoid or Paratyphoid fever)
- 32. Bilhaziasis
- 33. Skin disease (fungal, allergic, infectious)
- Specify

34. Details of any other serious illness or injury

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.....

35. List of operations you have undergone - giving dates

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.....

I, certify that the above information is complete and correct.

Date

Place

Signature

NOTES FOR THE MEDICAL EXAMINER

Please seal this report in an envelope marked "Confidential Medical Report" and forward to The Registrar, Africa University, P O Box 1320 Mutare, ZIMBABWE.

PART C: Medical Examination - To be completed by the Medical Examiner who must examine the statements made in PART B in the presence of the applicant.

36. Height Mass/Weight.....

37. Chest expansion

In Out expansion

38. Physical development

39. Mental State

40. Physical abnormalities, defects or deformities

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Vision (Snellen's standard type at 6 meters)

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- 41. Right eye
 - Without glasses
 - With glasses
- 42. Left eye
 - Without glasses
 - With glasses
- 43. Hearing
 - Right ear Left ear
- 44. Speech
- 45. Position of apex - beat
- 46. Rate Rhythm
- 47. Sounds Rhythm
- 48. Blood Pressure
- 49. Exercise tolerance (test when necessary)
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Respiratory System

- 50. Lungs
- 51. X-ray report

Abdomen

- 52. Scars Liver size
- 53. Spleen enlargement
- 54. Tenderness Hernia
- 55. Kidney enlargement
- 56. Urine appearance

- 57. Specific Gravity
- 58. Albumin Sugar
- 59. Deposits
- 60. Evidence of disease
- 61. Evidence of any other disease
- 62. Females: menstrual history

Conclusion/Remarks

- 63. Fit for full time studies Yes No
- 64. Suffering from mental or physical defect or infirmity likely to interfere with full time studies.

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Any Other Recommendations - Please Specify

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- 65. Full names and qualifications

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/mm