

**MOSHI CO-OPERATIVE UNIVERSITY (MoCU)  
CHUO KIKUU CHA USHIRIKA MOSHI**

Sokoine Road,  
P.O. Box 474,  
Moshi, Tanzania.  
Tel:+255 272754401  
Fax:+255 272750806  
e-mail: [info@mocu.ac.tz](mailto:info@mocu.ac.tz)  
Website: [www.mocu.ac.tz](http://www.mocu.ac.tz)



OFFICE OF THE DEPUTY VICE  
CHANCELLOR ACADEMIC  
P.O. Box 474,  
Moshi, Tanzania.  
Tel: +255 27 2754402  
Fax: +255 27 2750806  
E-mail: [dvca@mocu.ac.tz](mailto:dvca@mocu.ac.tz)

**STUDENT’S MEDICAL EXAMINATION FORM**

NAME OF THE STUDENT (in full) .....

Nationality.....Age.....Sex.....Marital Status.....

**PERSONAL HISTORY**

Has examine suffered from any of the following? If yes indicate data and diagnosis. If not please write "NO" in appropriate space.

- a) Tuberculosis .....
- b) Other respiratory diseases .....
- c) Cardiac Disease .....
- d) Gastro – Intestinal disease.....
- e) Renal or Genitor Urinary disease .....
- f) Syphilis or Gonorrhea .....
- g) Emotional disease or psychosis .....
- h) Serious Injuries .....
- i) Allergies .....
- j) Any fits .....
- k) Leprosy .....

**PHYSICAL EXAMINATION**

- 1. Height ..... 2. Weight.....
- 3. Chest – Lungs
  - Heart.....
  - BP .....

4. Abdomen
  - Organs .....
  - Other Mass .....
  - Pregnancy .....
  
5. Skin disease .....
6. Eyes: Conjunctive ..... Pupils .....
  - Sight: Without glasses ..... Right ..... Left .....
  - Sight: With glasses ..... Right ..... Left .....
7. ENT.....
8. LAB INVESTIGATIONS
  - a) ESR ..... WBC ..... B/S ..... Stool ..... Urine .....
  - b) S.T.I. ....
9. Any Physical challenges of the Prospective student plus the Doctors recommendations  
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DOCTOR'S RECOMMENDATIONS:

I have examined Mr./Mrs./Miss .....and considered that he/she is FIT/NOT fit to be enrolled as a student at MoCU.

Name of the Doctor.....

Title .....

Qualifications ..... (Official Stamp)

Signature.....

Date: .....