



# THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

## Infirmary

### MEDICAL REPORT

**Part I : To be completed by applicant in the presence of Medical examiner.**

Name in full.....

Sex..... Date of Birth.....

Address..... Contact.....

**Part II: DECLARATION (Applicant)**

I, the above mentioned, do hereby certify that I have carefully considered my answers to the questions below and that, to the best of my knowledge and belief, the information given is complete and correct.

Sign ..... Date .....

1. Have you suffered from any of the following? ( give dates for each 'Yes' answer)

	Yes	No	Date
(a) Fits or convulsions or sudden loss of consciousness	( )	( )	.....
- Head injury or 'Concussion'	( )	( )	.....
- Nervous breakdown	( )	( )	.....
- Any other Nervous trouble	( )	( )	.....
(b) - Tuberculosis of the lungs	( )	( )	.....
- Asthma or 'Hey fever'	( )	( )	.....
(c) - Fainting attacks or Giddiness	( )	( )	.....
- Heart diseases, 'Weak heart' or strained heart	( )	( )	.....
- Pain in the heart, throat or arm while undertaking physical Effort	( )	( )	.....
(d) - Kidney or bladder trouble	( )	( )	.....
- Difficulty or pain in passing urine	( )	( )	.....
- Syphilis or Gonorrhoea	( )	( )	.....
(e) - Any eye or ear complaints	( )	( )	.....
(f) - Injury or disease of bones or joints	( )	( )	.....
(g) - Skin diseases	( )	( )	.....
(h) - Vericose veins	( )	( )	.....
(i) - Chronic conditions; Diabetes, Arthritis, HIV, Hypertension.	( )	( )	.....

2. Have you ever suffered from any illness or injury not mentioned above ( ) ( ) .....

3. Are you on current medication for any condition? ( ) ( ) .....

4. What operations have you had? ( ) ( ) .....

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**5. Family History**

Is there any family member known to have; Diabetes, Hypertension, Epilepsy, Heart disease, Strokes, Sudden death, Cancer ( ) ( ) .....

**Part III: To be completed by Medical examiner**

**GENERAL EXAMINATION**

Height ..... Weight .....  
B.P mm of Hg ..... Pulse/ min .....  
Temperature..... Anaemia .....  
Clubbing ..... Jaundice .....  
Eyes ..... Nose .....  
Ears.....

**SYSTEMIC EXAMINATION**

CARDIOVASCULAR SYSTEM .....  
RESPIRATORY SYSTEM .....  
CENTRAL NERVOUS SYSTEM .....  
GASTRO- INTESTINAL SYSTEM .....  
GENITO – URINARY SYSTEM.....  
MUSCULO – SKELETOL SYSTEM.....

**FEMALES:**

Menstrual History .....

**Investigations required:** .....  
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**Part IV : CERTIFICATE**

This is to certify that I have examined ..... and find him/ her:-

- (1.) In good health and fit for further education .....
- (2.) Free / not free from any mental or physical defect to be aggravated or to endanger the life, health or safety of himself/ herself or others in the course of his/ her education. ....

Date .....

Signed.....  
(Medical Practitioner)

Address / Stamp.

Full Name & Qualification of Medical  
Practitioner.

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**Part V: For official use ONLY.**

FIT / UNFIT FOR STUDIES AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA.

Date .....

Signed .....

Medical Officer of Health

The Catholic University of Eastern Africa