

(IJA)
INSTITUTE OF JUDICIAL ADMINISTRATION
LUSHOTO



STUDENT'S MEDICAL EXAMINATION FORM

Admission to the Institute of Judicial Administration (IJA) Lushoto, is Conditional upon receipt of a satisfactory medical report. The Medical Practitioner to whom this Form is presented is required to return it completed as soon as possible to the undersigned:

NB. The Medical practitioner is requested to insist on student's full Medical History Disclosure.

**The Registrar,
Institute of Judicial Administration (IJA),
P.O. Box 20,
LUSHOTO.**

Medical Examination in Respect of:-

SURNAME:**OTHER NAMES:**

AGE: **SEX:****MARITAL STATUS:**

1. PERSONAL HISTORY

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

- (a) Tuberculosis:
- (b) Other respiratory diseases:
- (c) Cardian disease:
- (d) Castro-intestinal disease:
- (e) Renal or Genoto Urinary disease:
- (f) Syphillis or Gonhorrea:
- (g) Emotioal disease or psychosis:.....
- (h) Serious Injuries:
- (l) Allergies:
- (j) Any operations:
- (k) Any fits:
- (l) Leprosy:

2. PHYSICAL EXAMINATION

1. Height: 2. Weight:

3. Skin disease:

4. Eyes:

Conjunctive:- Pupils:.....

Rights:..... Left:.....

Please state condition of:

1. Ears (if any discharge):

2. Mouth and Throat:

3. Nose:

4. Respiratory System:

Any abnormality?.....

5. Cardiovascular System:

- Blood Pressure: Systolic:

- * Diastolic:

- * Heart: Any Murmur:

- * Arteries and Veins:

6. Abdomen:

- * Scars (operation):

- * Hernia:

- * Hydrocele:

- * Masses:

- * Spleen:

- * Kidney:

- * Rectum:

- * Any clinical evidence of hyperacidity or gastric duodenal

ulcers:

3. LABORATORY

- 1. Urine: albumin:

 - Sugar:
 - Leucocytes:
 - Bilharzia:

- 2. Stool:
Special emphasis on Hookworm and Bilharzia.
- 3. Blood Examination
 - Haemoglobin:
 - Different Count:
 - (a) Neutrophils:
 - (b) Eusophils:
 - (c) Basphils:
 - (d) Lymphocytes:
 - (e) Monocytes:
 - (f) E.S.R.
- 4. Sputum if indicated:

REPORT

.....
.....

4. CONCLUSION

I have examined Mr/Mrs/Miss. :
and consider that He/She is/NOT/FIT to be admitted to the Institute for higher studies.

Name:

Sign:.....

Title:

Qualifications:

(Official Stamp)

Date: