



**MALAWI ADVENTIST UNIVERSITY**

**MALAMULO COLLEGE OF HEALTH SCIENCES**

**MEDICAL EXAMINATION REPORT FORM FOR STUDENT/ STAFF**

Part I: To be completed by Applicant in the presence of the Medical Examiner.

Student/Staff name in full .....

Address .....

Date of birth .....

**D E C L A R A T I O N**

I, the undersigned, do hereby certify that I have carefully considered my answers to questions 1-3 below and that to the best of my knowledge and belief, the information given is complete and correct.

(Date) .....

(Signature of Applicant)

1. Have you ever suffered from any of the following? (give dates for each “yes” answer)

	Yes	No	Date
(a) Fits or convulsions or sudden loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	.....
Severe headaches or migraine	<input type="checkbox"/>	<input type="checkbox"/>	.....
Head injury or concussion	<input type="checkbox"/>	<input type="checkbox"/>	.....
“Nervous breakdown”	<input type="checkbox"/>	<input type="checkbox"/>	.....
Any other nervous trouble	<input type="checkbox"/>	<input type="checkbox"/>	.....
(b) Tuberculosis of the lungs	<input type="checkbox"/>	<input type="checkbox"/>	.....
Bronchitis, Pneumonia or pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	.....
Asthma or “hay fever”	<input type="checkbox"/>	<input type="checkbox"/>	.....
Silicosis	<input type="checkbox"/>	<input type="checkbox"/>	.....

(c) Heart disease, "weak heart or strained Heart	<input type="checkbox"/>	<input type="checkbox"/>	.....
Fainting attacks or giddiness	<input type="checkbox"/>	<input type="checkbox"/>	.....
Rheumatism or rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	.....
Pain in the chest, throat or arm while undertaking	<input type="checkbox"/>	<input type="checkbox"/>	.....
Physical effort			
(d) Stomach or bowel complaints	<input type="checkbox"/>	<input type="checkbox"/>	.....
Indigestion or peptic ulcer	<input type="checkbox"/>	<input type="checkbox"/>	.....
Attacks or abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	.....
(e) Kidney or bladder failure	<input type="checkbox"/>	<input type="checkbox"/>	.....
Syphilis or gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	.....
Difficult or pain in passing urine	<input type="checkbox"/>	<input type="checkbox"/>	.....
(f) Malaria	<input type="checkbox"/>	<input type="checkbox"/>	.....
Dysentery	<input type="checkbox"/>	<input type="checkbox"/>	.....
Enteric (typhoid or paratyphoid fever)	<input type="checkbox"/>	<input type="checkbox"/>	.....
Bilharzia (schistosomiasis)	<input type="checkbox"/>	<input type="checkbox"/>	.....
(g) Any eye or ear complaints	<input type="checkbox"/>	<input type="checkbox"/>	.....
(h) Injury or disease of bones or joints	<input type="checkbox"/>	<input type="checkbox"/>	.....
(i) Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	.....
(j) Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	.....

2. Have you ever suffered from any other illness or injury not mentioned above?

.....  
.....  
.....

3. What operation have you had? .....

.....

PART II: Examination

*Height* ..... *Weight* ..... *Chest Measurement* .....

(without shoes) (with clothes but without shoes) (a) On expiration .....

(b) On inspiration .....

(c) On Expiration .....

*Physical development* .....

Any physical abnormalities, defeats or deformities .....

*Mental state* .....

Sight: Right eye without glasses .....

With glasses .....

Left eye without glasses.....

With glasses .....

(Snellen's standard type at 6.096 metre (20 feet) to be used)

Hearing: Right ear ..... Left ear .....

Speech .....

Cardiovascular system .....

Heart: Position of apex beat: ..... Rate .....

.....

Sounds .....

Murmurs .....

Rhythm .....

Blood group type .....

Haemoglobin level/FBC .....

Hepatitis B surface antigen .....

HIV (Optional).....

Pulse rate (standing) .....

Blood pressure: Systolic .....

Exercise tolerance .....

(to be tested when considered necessary)

Respiratory system .....

**Abdomen:**

.....

Scars ..... Liver size .....

Spleen enlargement ..... Tenderness .....

Hernia .....

**Genital-Urinary system:**

Kidney enlargement .....

Urine appearance .....

S.G. ....

Albumin .....

Sugar .....

Deposits.....

Bilharzia ova .....

**Females:**

Menstrual history .....

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**PART III: Certificate**

1. From your examination and observation do you consider that the applicant is

(a) In good health and fit for study or work

.....  
.....

(b) Fit for specified duties only? .....

Of what nature? .....

2. Is the applicant free from any mental or physical defect likely to be aggravated or to endanger the life, health or safety of himself/herself or others in the course of his/her study/employment: .....

(Date) ..... (Signed) .....

(Medical Practitioner)

(Address).....

.....

.....

.....

.....

.....

(Full name and qualifications of  
Medical practitioner in block letters)