



UGANDA COOPERATIVE COLLEGE KIGUMBA

P. O. Box 10
Kigumba Uganda



Confidential.

MEDICAL EXAMINATION FORM

Part I: to be completed by the student.

Names: Sex: Age:
 Village:..... Parish:
 Sub county: County:
 District: Nationality:
 Course Admitted:
 Have you ever had any serious illness or accident; if so what was its nature and when did it occur?

 Have you ever been a patient in hospital; if so which hospital and what reason were you admitted?

 Have you ever suffered from pneumonia or asthma;
 Have you ever coughed up blood?
 Do you suffer from any digestive complaint?
 Have you had discharge from the ears?
 When were you last vaccinated against smallpox?
 Do you have any disability? If any state the nature:

Signature Date:

Part II: to be completed by the Medical Officer.

Relevant details of any past illness.

 Is there any evidence of disease of the heart?
 What is the blood pressure?
 Is there any evidence of pleurisy or tuberculosis of the lungs?
 Is there any deformity or disability which would seriously handicap him/her?
 Are there defects e.g. hernia, that may require attention?
 An X-ray examination of the chest has/has not been made. (such an examination should be carried out where possible)
 Do you judge the candidate to be free from epilepsy and mental disease?
 Report on MPs.
 Report on the urine:
 Other observations or relevant findings:
 I have examined the above mentioned candidate and consider he/she is medically fit/unfit
 Name:
 Signature: Date:

Official stamp