

MINISTRY OF CONSTITUTIONAL AND LEGAL AFFAIRS LAW SCHOOL OF TANZANIA

Telegrams: "LEGAL"
Telephone: +255-22-2927634
Fax: +255-22-2927635
Email: info@lst.ac.tz
Website: www.lst.ac.tz



Plot No. 2005/2/1 Off Sam
Nujoma Rd/Mpakani Rd
(Behind Mawasiliano
Towers)
P.O. Box 9422
Dar Es Salaam
Tanzania

STUDENT MEDICAL EXAMINATION FORM

Admission into the programme is conditional upon a satisfactory medical examination report being received by the School before or upon the arrival of any new student. **Students are therefore required to undergo medical examination by a registered Medical Practitioner. Under no circumstances will the School accept medical examination report which is not made by a qualified medical practitioner.**

Medical Examination in respect of:

Surname: _____

First name: _____

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) Cardiac disease: _____

(d) Gastro-intestinal disease: _____

(e) Renal or genito urinary disease: _____

(f) Syphilis or gonorrhea: _____

(g) Emotional disease or psychosis: _____

(h) Serious injuries: _____

(i) Allergies: _____

(j) Any operations: _____

(k) Any fits: _____

(l) Leprosy: _____

2. Physical Examination

(a) Height: _____ (b) Weight: _____

(c) Skin disease: _____

(d) Eyes:

Conjunctive: _____ Pupils: _____

Right: _____ Left: _____

Please state condition of:

- (a) Ears (if any discharge): _____
- (b) Mouth and throat: _____
- (c) Nose: _____
- (d) Respiratory system: Any abnormality? _____
- (e) Cardiovascular system:
 - Blood pressure: systolic: _____
Diastolic: _____
 - Heart: _____ Any murmur: _____
 - Arteries and veins: _____
- (f) Abdomen: _____
 - Scars(operation): _____
 - Hernia: _____
 - Hydrocele: _____
 - Masses: _____
 - Spleen: _____
 - Kidney: _____
 - Rectum: _____
 - Any clinical evidence of hyperacidity or gastric duodenal ulcers:

3. Laboratory Tests

- (a) Urine: albumin: _____
 - Sugar: _____
 - Leucocytes: _____
 - Bilharzia: _____
- (b) Stool: _____
Special emphasis on hookworm or bilharzia
- (c) Blood Examination
 - Haemoglobin: _____
 - Different count: _____
 - Neutrophils: _____
 - Eosophils: _____
 - Basphils: _____
 - Lymphocytes: _____
 - Monocytes: _____
 - ESR
- (d) Sputum, if indicated: _____

4. X-ray Examination

Report:

5. Conclusion

I have examined Mr./Mrs./Miss _____
and consider that he/she is fit/not fit to be admitted into the practical legal training
programme.

Name: _____ Signature: _____

Title: _____ Qualifications: _____

(Official Stamp)

Date: _____