



# Sengerema World Mission Frontiers College of Agriculture and Technology

## STUDENT MEDICAL EXAMINATION FORM

This form must be completed by a registered medical practitioner. It is a requirement for admission to the college.

### SECTION A: PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Sex: ☐ Male ☐ Female
4. Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Emergency Contact Name & Phone: \_\_\_\_\_

### SECTION B: MEDICAL HISTORY

1. Have you ever been hospitalised? ☐ Yes ☐ No  
If yes, state the reason: \_\_\_\_\_
2. Do you have any chronic illnesses (e.g., diabetes, asthma)? ☐ Yes ☐ No  
If yes, specify: \_\_\_\_\_
3. Do you have any allergies (food, drugs, others)? ☐ Yes ☐ No  
If yes, specify: \_\_\_\_\_
4. Are you currently on any medication? ☐ Yes ☐ No  
If yes, list: \_\_\_\_\_
5. Do you have any physical disability? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

### SECTION C: PHYSICAL EXAMINATION (To be filled by a medical practitioner)

1. Height: \_\_\_\_\_ cm
2. Weight: \_\_\_\_\_ kg
3. Blood Pressure: \_\_\_\_\_ mmHg
4. Vision: Left \_\_\_\_\_ Right \_\_\_\_\_ (with/without glasses)
5. Hearing: ☐ Normal ☐ Impaired
6. Chest/Lung Condition: \_\_\_\_\_
7. Heart Condition: \_\_\_\_\_
8. Abdomen: \_\_\_\_\_
9. Skin: \_\_\_\_\_
10. Other observations: \_\_\_\_\_

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## SECTION D: LABORATORY TESTS (Optional)

1. Haemoglobin Level: \_\_\_\_\_ g/Dl
2. Urinalysis: \_\_\_\_\_
3. HIV Test (Voluntary): ☐ Done ☐ Not Done Result: \_\_\_\_\_
4. Other Tests (Specify): \_\_\_\_\_

## SECTION E: MEDICAL PRACTITIONER'S DECLARATION

I have examined the above-named student and found him/her to be: ☐ Fit ☐ Unfit for college admission.

Name of Medical Practitioner: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Facility/Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_