



**MOSHI UNIVERSITY COLLEGE OF  
CO-OPERATIVE AND BUSINESS STUDIES (MUCCoBS)**  
The Constituent College of Sokoine University of Agriculture



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**STUDENT'S MEDICAL EXAMINATION FORM**

To the Medical Officer:

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.....

Mr./Mrs./Miss .....

**PERSONAL HISTORY**

First Name ..... Other names ..... Adm. No.....  
Faculty / Department .....  
**Nationality.....Age.....Gender.....Marital Status.....**

Please examine the above named as to his/her fitness for undergoing the studies.

Date ..... 2011

- a) **Tuberculosis** .....
- b) **Other respiratory diseases** .....
- c) **Cardiac Disease** .....
- d) **Gastro – Intestinal disease**.....
- e) **Renal or Genitor Urinary disease** .....
- f) **Syphilis or Gonorrhoea** .....
- g) **Emotional disease or psychosis** .....
- h) **Serious Injuries** .....
- i) **Allergies** .....
- j) **Any fits** .....
- k) **Leprosy** .....

