



LUGALA COLLEGE OF HEALTH AND ALLIED SCIENCES

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RE: REQUEST FOR MEDICAL EXAMINATION REPORT FOR STUDENT APPLYING FOR ADMISSION FOR FULL TIME COURSE. Academic Year 2025/2026

To the Medical Officer,

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.....
.....

RE: Surname Age..... Sex.....

Other name (s) Programme

Marital Status Department

Please examine the above named as to her/his fitness for studies as a full time student.

A. PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

- | | |
|-------------------------------|--|
| 1. Tuberculosis | 15. Epilepsy |
| 2. Pneumonia | 16. Deformity |
| 3. Pleurisy | 17. Psychiatric..... |
| 4. Asthma..... | 18. Eye disorder..... |
| 5. Rheumatic fever..... | 19. Ear, Nose/Throat Disorder..... |
| 6. Allergic disorder..... | 20. Skin diseases..... |
| 7. Heart disease..... | 21. Anemia..... |
| 8. Gastric or duodenal..... | 22. Gynaecological disorder..... |
| 9. Recurrent indigestion..... | 23. Malaria/other tropical Diseases..... |
| 10. Jaundice..... | 24. Major or Minor Operation..... |
| 11. Dysentery..... | 25. Serious accidents..... |
| 12. Varicose Veins..... | 26. Any other serious disorder..... |
| 13. Diabetes..... | |

B. PHYSICAL EXAMINATION

- | | |
|--|----------------------------|
| 1. Height..... | 3. Weight..... |
| 2. Skin diseases..... | 4. Eyes: Conjunctivae..... |
| | Pupils..... |
| | Vision Right..... |
| | Left..... |
| 5. Please state conditions
Of ears (if any discharge) | With glasses Right..... |
| Any Abnormality..... | |

Cardiovascular System
 Blood pressure Systolic Diastolic.....
 Heart Any Murmur?
 Arteries and Veins
 Abdomen Hernia.....
 Hydrocele
 Masses
 Liver
 Kidney
 Rectal
 Any clinical evidence of hyperacidity or Gastric Duodenal ulcer?.....

C. LABORATORY

1. Urine Albumin
 Sugar.....
 Leucocytes.....
 Bilharzias.....
2. Stool: Special emphasis on Hookworm or Bilharzias
3. Blood Examination: Hb Level.....
 (a) Neutrophils
 (b) Eosinophils
 (c) Basophils.....
 (d) Lymphocytes
 (e) Monocytes.....
 (f) ESR.....
4. Serology: Widal test VDRL.....

D. MEDICAL CERTIFICATE

(To be completed by a Medical Officer)

I have examined the above named person and consider that *She/he is physically and mentally/not physically and mentally fit to be admitted for the full time course at your Academy.

.....
 Name Signature Date

.....
 Title Qualification

Address:

