

**MINISTRY OF NATURAL RESOURCES AND TOURISM  
RESEARCH AND TRAINING UNIT**



**COMMUNITY BASED CONSERVATION TRAINING CENTRE (CBCTC)  
LIKUYU SEKAMAGANGA**

**MEDICAL EXAMINATION FORM**

**INSTRUCTIONS:**

1. The medical examiner must be a fully registered Medical Practitioner
2. This form should be completed using BLOCK LETTERS.
3. This form once completed should be sealed by the Medical Examiner separately from the Application Form.

**PART A: PERSONAL DETAILS (To be completed by the applicant)**

1. SURNAME OR FAMILY NAME.....
2. OTHER NAMES.....
3. SEX.....
4. DATE OF BIRTH.....
5. NATIONALITY.....
6. MAILING ADDRESS.....

**PART B: DECLARATION (To be completed by the applicant in presence of the Medical Examiner)**

I ....., declare that, to the best of my knowledge I am not suffering from any physical disability of which I have not informed the Medical Examiner and that the statements made and information given by the Medical Examiner about me is correct.

Applicants signature ..... Date.....

**PART C: MEDICAL EXAMINATION FORM (To be completed by the Medical Examiner)**

- 1. Body Weight .....(kg) Height.....(centimeter)
- 2. Blood Analysis: Neutrophils..... %  
Lymphocytes..... %  
Eosinophils..... %  
Monocytes ..... %  
Basophils ..... %
- 3. Cardiovascular system Pulse  
Rate/Min  
Rhythm.....  
BP..... mm/Hg
- 4. RESPIRATORY SYSTEM XRAY.....  
Respiration rate ..... b/min
- 5. ABDOMEN (Normal or Abnormal)  
Spleen.....Liver.....Kidney.....
- 6. NERVOUS SYSTEM Any Mental Disorder: YES / NO .....
- 7. EYES Normal: YES / NO Visual Acuity:  
Left Eye.....  
Right Eye.....
- 8. EARS Normal: YES/NO Any Discharge: YES/NO .....
- 9. URINE ANALYSIS:  
Urine Sediment .....  
Urine Protein .....  
For Girls urine for Pregnancy Test (UPT).....
- 10. STOOL ANALYSIS Stool for Ova: (YES/NO) .....
- 11. PHYSICAL DISABILITY (Given Details)  
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- 12. RECOMMENDATIONS  
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NAME.....  
SIGNATURE.....  
DESIGNATION.....  
OFFICIAL STAMP.....  
DATE.....