



COLLEGE OF AFRICAN WILDLIFE MANAGEMENT, MWEKA



MEDICAL EXAMINATION FORM

NOTES

The candidate is likely to undergo prolonged physical exertion at high temperatures in remote areas. He/she must be capable of walking considerably distances and must have full use of both legs, arms and hands all fingers.

INSTRUCTIONS

1. The medical Examiner must be a duly 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 certify that I am not to my knowledge, suffering from any physical disability of which I have informed the Medical Examiner and that the statements made and information given by the Medical Examiner are correct

(Applicant's Signature)..... (Date).....

PART C: MEDICAL EXAMINATION FORM *(to be completed by the Medical examiner)*

1. Body weight. Height.....
2. Blood Analysis.

Total WBC...../mm ³	LYMPHOCYTES.....%
NEUTROPHIL.....%	EUSINOPHIL.....%
MONOCYETES.....%	E.S.R.mm/hr

3. **CARDIOVASCULAR SYSTEM**

Pulse Rate. /Min. Rhythm.

BP. mm/Hg

4. **RESPIRATORY SYSTEM**

X-Ray

5. **ABDOMEN**

Spleen. Liver. Kidney.....

6. **NEVEOUS SYSTEM**

Any Mental Disorders 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 Sed.

Urine Proteine.

10. **STOOL ANALYSIS**

Stool for ova YES / NO

11. **PHYSICAL DISABILITIES (given details).**

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NAME:

SIGNATURE:

DESIGNATION:

OFFICIAL STAMP

DATE: