



REF: NO. TU-DARCO/MF/2018

MEDICAL EXAMINATION FORM

Admission to Tumauni University - Dar es Salaam College is conditional upon receipt of a Satisfactory Medical Report.

PART ONE
PARTICULARS OF THE APPLICANT

(TO BE FILLED BY THE APPLICANT)

SURNAME _____

OTHER NAMES _____

AGE _____ SEX _____

MARITAL STATUS _____

COURSE APPLIED FOR _____

PART TWO
A: PERSONAL HISTORY

Has the examiner suffered from any of the following?

1. Tuberculosis _____
2. Pneumonia _____
3. Other respiratory disease _____
4. Pleurisy _____
5. Asthma _____
6. Allergic disorder _____
7. Heart disease _____
8. Gastric or duodena, ulcer _____
9. Recurrent indigestion _____
10. Jaundice _____
11. Dysentery _____
12. Varicose Veins _____
13. Kidney of Urinary disease _____
14. Raptura _____
15. Diabetes _____
16. Epilepsy _____
17. Poliomyelitis of other neurological disorder _____

- 18. Nervous breakdown _____
- 19. Psychiatric disorder _____
- 20. Eye disorder _____
- 21. Ear, Nose or Throat _____
- 22. Gynecological disorder _____
- 23. Anemia _____
- 24. Skin disease _____
- 25. Malaria or other tropical diseases _____
- 26. Cholera _____
- 27. Operations _____
- 28. Serious accidents _____
- 29. Any other serious disorder _____
- 30. Pregnancy (female) _____

3: PHYSICAL EXAMINATION

Height metres _____ Centimetres _____

- 1. Weight (Kilograms) _____
- 2. Skin Disease _____
- 3. Eyes Conjunctives _____ Pupils _____

Sight:
 without glasses Right _____
 Left _____
 With glasses Right _____
 Left _____

4. Please state condition of ears (if any discharge) _____
 Mouth and throat _____
 Note _____

5. Respiratory system:
 Any abnormality _____

6. Cardiovascular system :
 Blood pressure: Systolic _____
 Distolic _____
 Heart: Any murmur? _____
 Arteries and Veins _____

8. Abdomen:
 Masses _____
 Liver _____
 Spleen _____
 Kidneys _____
 Any operation scan?

9. Genitalia :
 Hernia _____
 Hydrocele _____

10. Any clinical evidence of hyperaciditty or gastric duodental ulcer? _____

C: LABORATORY TEST

- 1. Urine : Albumin _____
 Sugar _____

Leucocytes _____
Bilharzia _____
Stools : _____

2. Blood examination: Haemoglobin _____

White cell count - Total _____

Different Count :

a) Neutrophils _____

b) Eusinophilis _____

c) Basophilis _____

d) Lymphocytes _____

e) Monocytes _____

f) Erythrocyte Sedimentation Rate (ESR) mm/hr _____

X-RAY EXAMINATION

1. X-Ray Report _____

Name of the examiner _____

Title of examiner _____

Signature of examiner _____

Date of examination _____

PART THREE

CONCLUSION

I have examined Mr./Miss/Mrs. * _____
and consider that he/she/is* not Fit to be admitted to College of higher studies.

* **Delete the word which is not applicable**

Name Signature Date

Authorized Medical Practitioner

Title _____

Qualifications _____

Address _____

Registration No. _____

Official stamp or seal

Please return this form in a sealed envelope to:

PROVOST,
TUMAINI UNIVERSITY MAKUMIRA

DAR ES SALAAM COLLEGE,
P. O. BOX 77588,
DAR ES SALAAM. - TANZANIA