



REF: NO. TU-DARCO/MF/2017

**MEDICAL EXAMINATION FORM**

Admission to Tumaini 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 hyperacidity or gastric  
duodenal ulcer? \_\_\_\_\_

**C: LABORATORY TEST**

1. Urine : Albumin \_\_\_\_\_  
Sugar \_\_\_\_\_

Leucocytes \_\_\_\_\_  
Bilharzia \_\_\_\_\_  
Stools : \_\_\_\_\_

2. Blood examination: Haemoglobin \_\_\_\_\_

White cell count - Total \_\_\_\_\_

Different Count :

a) Neutrophils \_\_\_\_\_

b) Eusinoiphils \_\_\_\_\_

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
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**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