



TUMAINI UNIVERSITY DAR ES SALAAM COLLEGE - TUDARCO
(A Constituent College of Tumaini University Makumira)
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P.O. Box 77588, Dar es Salaam, Tanzania

REF: NO. TU-DARCO/MF/2017

MEDICAL EXAMINATION FORM

Admission to Tumaini University - Dar es Salaam College - TUDARCO 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 or Urinary disease _____
14. Raptura _____
15. Diabetes _____
16. Epilepsy _____
17. Poliomyelitis or 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) Eusinoiphilis _____
 - 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