



REF: NO. TU-DARCO/MF/2019

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) 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

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