



**KIGAMBONI CITY COLLEGE OF HEALTH AND
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MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

SURNAME AGE..... SEX

FIRST NAME.....

MIDDLE NAME.....

MARITAL STATUS

PARTS II-V (To be filled by a medically qualified and registered professional)

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

- | | |
|------------------------------------|--|
| 1 Tuberculosis. | 11 Diabetes. |
| 2 Asthma..... | 12 Epilepsy..... |
| 3 Rheumatic fever | 13 Deformity..... |
| 4 Allergic disorders | 14 Mental Illness..... |
| 5 Heart disease | 15 Eye disorder..... |
| 6 Gastric or duodenal ulcers | 16 Ear, Nose or Throat Disorder..... |
| 7 Jaundice..... | 17 Skin disease |
| 8 Dysentery | 18 Anemia..... |
| 9 Varicose veins. | 19 Gynecological disorder. |
| 10 Kidney disease. | 20 Any other serious disorder (specify)
..... |

PART III : PHYSICAL EXAMINATION

- 1 Height (cm).....
- 2 Skin.
- 3 Weight (Kg)
- 4 Eyes:
 - Conjunctivae.....
 - Pupils.....
 - Vision: Without glasses: Right
 - Left.
 - With glasses: Right.
 - Left.
- 5 Ears (state if any discharge).....
- 6 Mouth and throat.
- 7 Nose.
- 8 Any abnormality.....
- 9 Cardiovascular system:
 - Blood pressure: Systolic.
 - Diastolic.....
 - Heart: Any Mummer?
 - Arteries and veins.....
- 10 Respiratory system:
 - Lung fields
- 11 Abdomen.

PART IV: LABORATORY

1. Urine:
 - Albumin
 - Sugar:
 - Leucocytes
 - Schistosoma
2. Stool: Special emphasis on Hookworm or Schistosoma
3. Blood Examination:
 - (a) Hb level
 - (b) Neutrophils
 - (c) Eosinophils
 - (d) Basophiles
 - (e) Lymphocytes
 - (f) Monoocytes
 - (g) ESR
4. X-ray examination – Chest (Include Radiologist's report)
5. Serology:
 - Widal Test
 - VDRL
6. Pregnancy test (Females)

PART V: CONCLUSION

I have examined Mr/Miss/Mrs. and consider that he/she is physically and mentally fit / not fit to be admitted to the University for higher education.

Date:

Signature

Name:

Title:

Qualifications:

Official STAMP

Address: