



KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE
A Constituent College of Tumaini University Makumira

All correspondences should be
 Addressed to the Provost

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MEDICAL EXAMINATION FORM

This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer or doctor. The completed form must be submitted along with all the other application materials.

SECTION A			
(TO BE COMPLETED BY THE APPLICANT)			
[Please Write in Block Letters] I. PERSONAL INFORMATION			
Full Name	First:	Middle:	Last:
	Marital Status		
Date of Birth	Gender		Degree Programme
II. PAST MEDICAL HISTORY			
(I) NERVOUS SYSTEM		Herpes Zoster Yes / No	
Any loss of consciousness? Yes / No		If yes, date of illness _____	
If yes, dates of incident _____		Part of body affected _____	
Current treatment _____		Hypertension Yes / No	
Any neurological deficiency? Yes / No		If yes, when detected _____	
If yes, state deficiency _____		Current treatment _____	
When acquired _____		Asthma Yes / No	
Current treatment _____		If yes, when detected _____	
Any fits? Yes/No		Current treatment _____	
If yes, type of fits _____		Allergies Yes / No	
Date of last episode _____		If yes, date of last reaction _____	
Current treatment _____		Cause of reaction _____	
(II) MUSCULO-SKELETAL SYSTEM		Major Surgeries Yes / No	
Any Deformity? Yes / No		If yes, type of surgery _____	
If yes, which part of the body _____		Date of surgery _____	
When acquired _____		Outcome of surgery _____	
Use of accessories or aids _____		Any Heart Disease Yes / No	
(III) OTHER CHRONIC CONDITIONS		If yes, what disease? _____	
Diabetes Mellitus Yes / No		Current Treatment _____	
If yes, when detected _____		Any Dietary Restrictions Yes / No	
Current Status _____		If yes, state restriction _____	
Tuberculosis Yes / No		_____	
If yes, when detected _____			
Current status Cured / On going treatment			
III. DECLARATION			
I declare that all the information provided herein is true to the best of my knowledge.			
Signature _____		Date _____	

**SECTION B
(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR)**

IV. VARIOUS TESTS

(I) GENERAL APPEARANCE

Height _____ Weight _____
 Blood Pressure _____ Pulse Rate _____
 Lymphnode Palpable _____
 Skin Appearance _____
 Throat Tonsils _____
 Teeth Dentition _____ Carious _____
 EARS:
 Rt Hearing _____ Drum Membrane _____
 Lt Hearing _____ Drum Membrane _____
 EYES:
 Rt VA _____ Squint _____
 Lt VA _____ Squint _____

(II) CARDIO-RESPIRATORY SYSTEM

(CHEST X-RAY FILM & REPORT ARE NEEDED)
 Lung Fields _____ Breast Lumps _____
 Heart Size _____ Heart Sounds _____

(III) ABDOMINAL EXAMINATION

(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)

Contour: Sunken / Normal / Distended
 Skin Scar _____
 Umbilicus _____ Hernia _____

(IV) MUSCULO SKELETAL SYSTEM

Any Deformation? Yes / No
 If yes which part of the body _____
 Type of deformity _____

V. LABORATORY INVESTIGATIONS

(I) BIOCHEMICAL

Fasting Blood Sugar _____
 Serum Creatinine _____
 Serum Aspartate T. _____
 Serum Alanine T. _____
 Blood Urea _____
 Uric Acid _____

(II) IMMUNOLOGY

VDRL Reaction if +ve treatment _____
 Widal Reaction if +ve treatment _____
 Contact with Human Immunodeficiency Virus
 Sero conversion (Optional) _____

(III) HEMATOLOGY

(CULTA COUNTER)
 Haemoglobin _____
 White Cells Count _____

(IV) PARASITOLOGY

Stool Routine Examination _____
 Treatment _____
 Urinalysis & Sediment Microscopy

 Treatment _____
 Blood Smear for Protozoa, Hemoflagellates &
 Spirochaetae _____
 Treatment _____

VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

VII. DECLARATION

I Dr. _____ of _____ has examined the named candidate and conclude that the candidate is / is not suitable to attend a Diploma or Degree programme at Kilimanjaro Christian Medical University College.

Signature with Official Stamp _____ Date _____