

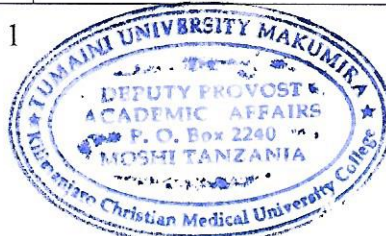
DIPLOMA IN OCCUPATIONAL THERAPY

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: _____
Date of Birth	Gender _____		Marital Status _____
			Degree Programme _____
II. PAST MEDICAL HISTORY			
(I) NERVOUS SYSTEM Any loss of consciousness? Yes / No If yes, dates of incident _____ Current treatment _____ Any neurological deficiency? Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____ Any fits? Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____		Herpes Zoster Yes / No If yes, date of illness _____ Part of body affected _____ Hypertension Yes / No If yes, when detected _____ Current treatment _____ Asthma Yes / No If yes, when detected _____ Current treatment _____ Allergies Yes / No If yes, date of last reaction _____ Cause of reaction _____	
(II) MUSCULO-SKELETAL SYSTEM Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____		Major Surgeries Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____ Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____	
(III) OTHER CHRONIC CONDITIONS Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____ Tuberculosis Yes / No If yes, when detected _____ Current status _____ Cured / On going treatment		Any Dietary Restrictions Yes / No If yes, state restriction _____ Please Note: The applicant is responsible for maintaining any dietary restrictions.	
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: _____	(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)



Rt Hearing _____ Drum Membrane _____ Lt Hearing _____ Drum Membrane _____ EYES: Rt VA _____ Squint _____ Lt VA _____ Squint _____	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 _____	

