

# CCoHAS Dodoma Campus – Admission – Medical examination Report.

Admission of student to certificate/Diploma Courses at City College of Health and Allied Sciences is conditional upon receipt of a satisfactory Medical report from a medical practitioner. The medical officer is requested to fill in a detailed diagnostic medical report of the candidate as required in the form. The form should then be posted back to the college early enough so that it is received at least two weeks before the student reports to the college. Lesson for semester 1 shall begin on November 2020. The address to be used is:

*The principal*

*City College of health and allied sciences Dodoma campus*

*P.O.Box 2759*

*DODOMA MIYUJI*

\*The dully filled and signed form should preferably be posted. But if that is inconvenient. it can be given to ha candidate who will bring it to the college. In both cases it must be in double envelopes. The inner envelope should be marked

“Attention to the principal, City College of Health Sciences- medical report”

A. Candidate’s Particulars:

i) SURNAME: .....

ii) FIRST NAME :.....MIDDLE NAME.....

iii) Age.....Years

iv) Height .....cm

v) Weight:.....kgs

B.General examination

Has the candidate ever suffered/ or is s/she suffering from any of the following medical conditions (delete which whichever is inapplicable)

>Tuberculosis.....Yes /No

>Epilepsy.....Yes/No

>Anemia.....Yes/No

>leprosy.....Yes/No

>peptic ulcers.....Yes/No

>bronchial asthma.....Yes/No

>Hypertension .....Yes/No

>Dysmenorrhea .....Yes/No

>Diabetes mellitus.....Yes/No

>Psychosis.....Yes/No

>sickle cells anemia.....Yes/No

Under this sub-section, does the candidate have any serious medical condition which will prevent him/her from gainful participation in learning activities or undertaking assessment activities for determining whether she/ he has attained or not, the leaning objectives specified for the training or which is contagious and therefore a danger to other people at the college!(Yes/No).If yes, please explain

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**a) .Skin examination**

**Condition of the skin: any disease or abnormality (Yes/No), if yes, please explain**

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**b) Head examination**

**Condition of ears: any disease or abnormality (Yes/No), if yes, please explains.**

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**Condition of mouth and throat: any disease or abnormality (Yes/No), if yes, please explain**

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**Condition of the nose: any disease or abnormality (Yes/No), if yes, please explain**

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**Condition of lungs: any disease or abnormality (Yes/No), if yes, please specify**

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**c) Abdomen examination**

**Has the candidate ever suffered, or is she/he suffering from any of the stated medical conditions or are any of the state organs affected by a disease or are abnormal in any way!**

- i) Hernia: (Yes/No)**
- ii) Hydrocele: (Yes/No)**

- iii) Masses: (Yes/No)
- iv) Liver : (Yes/No),If yes please explain)

.....  
 Spleen :( Yes/No), if yes please explain

.....  
 Kidney :( Yes/No), if yes please explain

.....  
 Rectum :( Yes /No) If yes please explain

.....  
 Hyperacidity or gastric – duodenal ulcer :( Yes/No), if yes please explain

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 Under this sub-section, does the candidate have any serious medical condition which will prevent him/her from gainful participation in leaning activities or undertaking assessment activities for determining whether he/she has attained or not the leaning objectives specified for the training or which is contagious and therefore a danger to other people at the college! (Yes/No),If Yes, Please explain

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**f. Laboratory Examination**

Please give results for the following laboratory examination

Urine:

- i) Albumen .....
- ii) Sugar.....
- iii) Leukocytes.....
- iv) Bilharziasis.....
- v) Stool (emphasis on Hookworms).....

Blood examination:

- i) Haemoglobin.....
- ii) Differential count: total WBC.....
- iii) Neutrophils.....
- iv) Eosinophils.....
- v) Basophils.....
- vi) Monocytes.....
- vii) ESR.....
- viii) HIV/AIDS.....

Under this sub-section, does the candidate have any serious medical condition which will prevent him/her from gainful participation in leaning activities or undertaking assessment activities for determining whether he/she has attained or not the leaning objectives specified for the training or which is contagious and therefore a danger to other people at the college! (Yes/No), If Yes, Please explain

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**I. Disability examination**

Does the candidate have any physical or mental disability (Yes /No) If yes please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/her from gainful participation in leaning activities or undertaking assessment activities for determining whether s/she has attained or not the leaning objectives specified for the training or which is contagious and therefore a danger to other people at the college! (Yes/No), If Yes, Please explain

.....

**J. Chronic disease**

Does the candidate have any chronic disease or ailment? (Yes /No) If yes please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/her from gainful participation in leaning activities or undertaking assessment activities for determining whether he/she has attained or not the leaning objectives specified for the training or which is contagious and therefore a danger to other people at the college! (Yes/No), If Yes, Please explain

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**CONFIDENTIAL**

**K. CONCLUSION**

I confirm that I have examination Mr. / Mrs. /Miss

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From my findings, and basing on my professional expertise, I declare the (delete whichever is inappropriate) :

- I) he/she is medically fit so he/she should be admitted for studies at City College of Health and Allied sciences
- II) He/she is medically unfits he/ she should not be admitted at city college of Health and Allied sciences. he/she has a recurring ailment of

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Which is not contagious and does not prevent him/her from gainful participation in studies but will require him/her to be treated frequently while she/he is continuing with studies , so she/ he can be admitted to studies at City college of Health and Allied sciences

Name :.....Title :.....

Qualifications:.....signature:.....

Date:.....

Official stamp.....

**NOTE:**

This report is binding and the college will not accept any claim of chronic medical problem, which is not indicated in this form.