



**UNIVERSITY OF IRINGA (UOI)**  
**(FORMERLY, TUMAINI UNIVERSITY – IRINGA UNIVERSITY COLLEGE)**  
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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		Marital Status	
First:		Gender	
Middle:		Date of Birth	
Last:		Programme Applying for:-	
II. PAST MEDICAL HISTORY			
<b>(I) NERVOUS SYSTEM</b> 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 _____		<b>Herpes Zoster</b> Yes / No If yes, date of illness _____ Part of body affected _____ <b>Hypertension</b> Yes / No If yes, when detected _____ Current treatment _____ <b>Asthma</b> Yes / No If yes, when detected _____ Current treatment _____ <b>Allergies</b> Yes / No If yes, date of last reaction _____ Cause of reaction _____ <b>Major Surgeries</b> Yes / No If yes, type of surgery _____ Date of surgery _____	
<b>(II) MUSCULO-SKELETAL SYSTEM</b> Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____		Outcome of surgery _____ <b>Any Heart Disease</b> Yes / No If yes, what disease? _____ Current Treatment _____	
<b>(III) OTHER CHRONIC CONDITIONS</b> Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____ <b>Tuberculosis</b> Yes / No If yes, when detected _____ Current status Cured / On going treatment		<b>Any Dietary Restrictions</b> Yes / No If yes, state restriction _____ _____	
<b>III. DECLARATION</b> I declare that all the information provided herein is true to the best of my knowledge. Signature _____ Date _____			

Please Note: The applicant is responsible for maintaining any dietary restrictions.

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

**IV. VARIOUS TESTS**

**(I) GENERAL APPEARANCE**

Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_ Pulse Rate \_\_\_\_\_  
 Lymph node 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, Hemoflagellats &  
 Spirachaetae  
 \_\_\_\_\_  
 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 three year degree programme at University of Iringa.

Signature with Official Stamp \_\_\_\_\_ Date \_\_\_\_\_