



Paradigms Institute Dar es Salaam

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JOINNING INSTRUCTIONS

MEDICAL EXAMINATION FORM (TO BE FILLED BY ALL APPLICANTS)

Before finalizing the admission processes for registration, please visit any Reputable and Registered Health Facility for medical examination and make sure that the attached form for medical examination (Appendix ii) is dully filled OR You may do all required examinations at our College Hospital at a charge of 10,000 TZS.

EXAMINATION DETAILS

SURNAME _____ OTHER NAMES _____

AGE _____ SEX _____ MARITAL STATUS _____

CITIZENSHIP _____

Is the examinee suffering from any of the following? Indicate **Yes or No**.

1. Tuberculosis _____

2. Pneumonia _____

3. Pleurisy _____

4. Asthma _____

5. Rheumatic Fever _____

6. Allergy disorder _____

7. Heart Disease _____

8. Gastric or duodenal _____

9. Recurrent indigestion _____

10. Jaundice _____

11. Dysentery _____

12. Varicose Veins _____

13. Kidney or urinary disease _____

14. Diabetes _____

15. Epilepsy _____

16. Deformity _____

17. Psychotic _____

18. Eye disorder _____

19. Ear, Nose or Throat disorder _____

20. Skin disease _____

21. Anemia _____
22. Gynecological disorder _____
23. Malaria other tropical disease _____
24. Cholera _____
25. Major or minor operations _____
26. Serious accidents _____
27. Any other serious disorder _____

1. Height _____
2. Weight _____
3. Skin disease _____
4. Eye Conjunctivae Pupils _____
Vision Right _____
Left _____
5. Please state condition of Ears (if any discharge) _____
Mouth and throat _____
Nose _____
6. Any Abnormality _____
7. Cardiovascular System _____
Blood Pressure: Systolic _____ Diastolic _____
Heart: Any Murmur? _____ Arteries and Veins _____
8. Abdomen _____ Hernia _____
Hydrocele _____
Masses _____
Liver _____

1. Kidneys _____
Rectal _____
Any Clinical evidence of hyperacidity or gastric duodenal ulcer? _____

1. Urine _____ Albinum _____
Sugar _____ Bilharzia _____

2. Stool: Special emphasis on Hookworm or Bilharzia.

3. Blood examination: Hb Level _____
(a) Neutrophils _____
(b) Eusinophils _____
(c) Bisophils _____
(d) Lymphocytes _____
(e) Monooytes _____
(f) ESR _____

4. X - ray examination - Chest _____

5. Scrology: Widal test _____ VDRL _____

6. Pregnancy Test _____

I have examined Mr/Mrs/Miss/Sr/Br/Fr _____

Date _____ Signature Name _____

Address _____