



# MOSHI INSTITUTE OF TECHNOLOGY-MIT

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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.

<b>SECTION A</b>			
<b>TO BE COMPLETED BY THE APPLICANT</b>			
<b>[Please Write in Block Letters] I. PERSONAL INFORMATION</b>			
Full Name	First:	Middle:	Last: Marital Status
Date of Birth		Gender	Course Programme

Student signature \_\_\_\_\_

Date: \_\_\_\_\_

<b>TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR</b>	
<b>IV. VARIOUS TESTS</b>	
<b>(I) GENERAL APPEARANCE</b> 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 _____	<b>LABORATORY INVESTIGATIONS</b> <b>I) BIOCHEMICAL</b> Fasting Blood Sugar _____ Serum Creatinine _____ Serum Aspartate T. _____ Serum Alanine T. _____ Blood Urea _____ Uric Acid _____ <b>(II) IMMUNOLOGY</b> VDRL Reaction if +ve treatment _____ Widal Reaction if +ve treatment _____ Contact with Human Immunodeficiency Virus Sero conversion (Optional) _____
<b>V. OTHER OBSERVATIONS</b>	
Any other observations whether irritable or aggressive:	
<b>VI. DECLARATION</b>	
I Dr. _____ of _____ has examined the named candidate and conclude that the candidate is / is not suitable to attend long term training programme at K.I.D.T vocational Training Centre.	
Signature with Official Stamp _____ Date _____	