



AMANI COLLEGE OF MANAGEMENT AND TECHNOLOGY(ACMT)

P.O. BOX 958, NJOMBE, TANZANIA

Tel: 026-2782584, +255 755 549285, E-mail elctsdacmt@gmail.com

Excellence begins with ethics

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 Date of Birth	First:	Middle:	Last:	Marital Status Programme
	Gender			

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 _____

(III) OTHER CHRONIC CONDITIONS

Diabetes Mellitus Yes / No
If yes, when detected _____
Current Status _____

Tuberculosis Yes / No
If yes, when detected _____
Current status Cured / Ongoing treatment

Any Heart Disease Yes / No
If yes, what disease? _____
Current 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:
 Rt Hearing _____ Drum Membrane _____
 Lt Hearing _____ Drum Membrane _____
 EYES:
 Rt VA _____ Squint _____
 Lt VA _____ Squint _____

(II) CARDIO-RESPIRATORY SYSTEM

(C HEST 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, Hemoflagellets & 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
 Diploma programme at Amani college of Management
 and Technology

Signature with Official Stamp _____ Date _____