



# KILIMANJARO INDUSTRIAL DEVELOPMENT TRAINING COLLEGE-

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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.

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

Student signature

Date:

TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR	
IV. VARIOUS TESTS	
<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) _
V. OTHER OBSERVATIONS	
Any other observations whether irritable or aggressive:	
VI. DECLARATION	
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 ____	