

**MINISTRY OF WATER AND IRRIGATION
WATER DEVELOPMENT AND MANAGEMENT INSTITUTE**



P.O. BOX 35059, DAR ES SALAAM, TANZANIA

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Date: 01 July 2010

Ref no: WDMI/A.140/7 /28

TO: Medical Officer In-Charge

..... **Hospital**

P. O. Box

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**SUB: Medical Examination Report In Respect Of Prospective Students About To Join Ordinary Diploma
Course in Year 2010/ 2011 – Privately Sponsored**

Please provide us the assistance of carrying out medical examination on Mr. / Mrs. / Miss*

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and report to us the results of the examination using the attached form. The examination report is important to us as it provides us with medical criteria for accepting him/ her if s/he is medically fit, or rejecting him/ her if s/he has a serious medical condition which will prevent him/ her from gainful participation in learning activities and undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training, or accepting him/ her with the full knowledge that s/he has a medical condition which is not very serious but which requires close monitoring. S/he has been selected for admission to the three-year **Ordinary Diploma Course in** (name of specialization) **Water Supply and Sanitation Engineering/ Hydrology and Meteorology/ Hydrogeology and Water-Well Drilling/ Water Laboratory Technology.**

We thank you for the expected cooperation.

*Delete whichever is inappropriate.

E. Z. Madiwa

Acting PRINCIPAL

Attachments:

WDMI – OD - Admission – Medical Examination Report – Privately Sponsored

WDMI – OD - Admission – Medical Examination Report – Privately Sponsored

Admission of students to Ordinary Diploma Courses at Water Development and Management Institute is conditional upon receipt of a satisfactory medical report from a Medical Practitioner. The Medical Officer is requested to fill in a detailed diagnostic medical report of the candidate as required in the form. The form should then be posted back to the Institute early enough so that it is received at least two weeks before the student reports to the Institute*. Reporting date is 01 August 2010. The address to be used is:

The Principal
Water Development and Management Institute
P. O. Box 35059
DAR ES SALAAM

**The dully filled and signed form should preferably be posted, but if that is inconvenient, it can be given to the candidate who will bring it to the Institute. In both cases it must be sealed in double envelopes. The inner envelope should be marked "Attention to the Principal, Water Development and Management Institute – Medical Report"*

A. Candidate's Particulars:

- o SURNAME:
- o OTHER NAMES:
- o AGE:years
- o Height:cm
- o Weight:kg

B. General examination

Has the candidate ever suffered, or is s/he suffering from any of the following medical conditions? (*Delete Whichever Is Inapplicable*)

- o Tuberculosis.....Yes/No
- o Epilepsy..... Yes/No
- o Anaemia..... Yes/No
- o Leprosy..... Yes/No
- o Peptic Ulcers..... Yes/No
- o Bronchial asthma..... Yes/No
- o Hypertension..... Yes/No
- o Dysmenorrhea..... Yes/No
- o Diabetes Mellitus..... Yes/No
- o Psychosis..... Yes/No
- o Sickle cells..... Yes/No

Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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C. Skin examination

- o Condition of the skin: any disease or abnormality? (Yes/ No), If Yes, please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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D. Head examination

- o Condition of ears: any disease or abnormality? (Yes/ No), If Yes, please explain

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- o Condition of mouth and throat: any disease or abnormality? (Yes/ No), If Yes, please explain

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- o Condition of the nose: any disease or abnormality? (Yes/ No), If Yes, please explain

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- o Condition of the eyes including refractive capability: any disease or abnormality? (Yes/ No), If Yes, please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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E. Thorax examination

- o Condition of the trachea: any disease or abnormality? (Yes/ No), If Yes, please explain

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- o Condition of lungs: any disease or abnormality? (Yes/ No), If Yes, please specify

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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F. Cardiovascular system examination

- o Condition of the heart and blood circulation system (cardiovascular system - blood pressure, heart beats, arteries, veins, haemoglobin concentration, blood group, etc): any disease or abnormality? (Yes/ No), If Yes, please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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G. Abdomen examination

Has the candidate ever suffered, or is s/he suffering from any of the stated medical conditions or are any of the stated organs affected by a disease or are abnormal in any way?

- o Hernia: (Yes/ No)
- o Hydrocele: (Yes/ No)
- o Masses: (Yes/ No)
- o Liver: (Yes/ No), If yes please explain

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- o Spleen: (Yes/ No), If yes please explain

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- o Kidney: (Yes/ No), If yes please explain

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- o Rectum: (Yes/ No), If yes please explain

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- o Hyperacidity or gastric - duodenal ulcer: (Yes/ No), If yes please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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H. Laboratory Examination

Please give results for the following laboratory examinations

- o **Urine:**
 - ✓ Albumen
 - ✓ Sugar
 - ✓ Leukocytes
 - ✓ Bilharziasis
 - ✓ Stool (emphasis on Hookworms)
- o **Blood examination:**
 - ✓ Haemoglobin
 - ❖ Differential count: Total WBC
 - Neutrophils
 - Eosinophils
 - Basophils
 - Monocytes
 - ESR
 - ✓ HIV/AIDS.....

Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training or which is contagious and therefore a danger to other people at the Institute? (Yes/ No). If yes, please explain

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I. Disability examination

Does the candidate have any physical or mental disability? (Yes/ No). If yes please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training? (Yes/ No). If yes, please explain

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J. Chronic diseases

Does the candidate have any chronic disease or ailment? (Yes/ No). If yes please explain

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Under this sub-section, does the candidate have any serious medical condition which will prevent him/ her from gainful participation in learning activities or undertaking assessment activities for determining whether s/he has attained or not the learning objectives specified for the training? (Yes/ No). If yes, please explain

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K. CONCLUSION

I confirm that I have examined Mr/ Mrs/ Miss

From my findings, and basing on my professional expertise, I declare that (delete whichever is inappropriate):

- o S/he is **medically fit** so s/he **should** be admitted for studies at Water Development and Management Institute.
- o S/he is **medically unfit**, so s/he **should not** be admitted for studies at Water Development and Management Institute.
- o S/he has a recurring ailment of

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which is not contagious and does not prevent him/ her from gainful participation in studies but will require him/ her to be treated frequently while s/he is continuing with studies, so s/he can be admitted to studies at Water Development and Management Institute.

Name:

Title:

Qualifications:

Signature:

Date.....

Official Stamp.....

NOTE: This report is binding and the Institute will not accept any claim of chronic medical problem, which is not indicated in this form.

Filename: NTA4-2010-2011-Medical-Report-InRespectOf-NTA4-
Admission-01July2010-Privately-Sponsored
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