**UNITED REPUBLIC OF TANZANIA**
**MINISTRY OF NATURAL RESOURCES AND TOURISM**
**NATIONAL COLLEGE OF TOURISM**
**Junction of Samora Avenue and Shaaban Robert Street**

P.O. BOX 9181
Dar es Salaam
Tanzania

Tel: 255 222 856 862
Fax: 255 22 215248
e-mail: info@nct.ac.tz
www.nct.ac.tz

**Our Reference: NCT/T/2025/---**

## MEDICAL EXAMINATION FORM

**Admission to the National college of Tourism is conditional upon receipt of satisfactory Medical report.**

## PART ONE

**PARTICULARS OF THE APPLICANT (TO BE FILLED BY THE APPLICANT)**

**(FILL YOUR NAME AS APPEARED IN YOUR CERTIFICATES)**

**LAST NAME: ..... FIRST NAME: .....**

**INITIALS: ..... AGE: ..... SEX: .....**

**MARITAL STATUS: ..... DEPARTMENT/ COURSE: .....**

## PART TWO
## A: PERSONAL HISTORY

Has the examinee suffered from any of the following?

1. Tuberculosis
2. Pneumonia
3. Other Respiratory Disease
4. Pleurisy
5. Asthma
6. Allergic Disorder
7. Heart Disease Gastric or Duodenal Ulcer
8. Recurrent Indigestation
9. Nervous Breakdown
10. Psychiatric Disorder
11. Eye Disorder
12. Ear, Nose or Throat Disorder
13. Gynecological Disorder (Female Only)
14. Anemia
15. Jaundice
16. Dysentery
17. Varicose Veins
18. Kidney or Urinary Disease
19. Rapture
20. Diabetes
21. Epilepsy
22. Poliomyelitis of other neurological Disorder
23. Skin Disease
24. Malaria or other Tropical Disease
25. Cholera
26. Operations

27. Serious Accidents
28. Any other Serious Disorder
29. Pregnancy (Female)

## B: PHYSICAL EXAMINATION

1. Height.....
2. Weight.....
3. Skin Disease.....
4. Eyes Conjunctives..... Pupils.....

   Sight: Without Glasses Right.....
   Left.....

   With Glasses Right.....
   Left.....

5. Please state condition of ears
   (If any Discharge) .....
   Mouth and Throat.....
6. Respiratory System:
   Any abnormality? .....
7. Cardiovascular System:
   Blood Pressure: Systolic.....
   Diastolic.....

   Heart: Any Mur Mur?
   Arteries and Veins.....
8. Abdomen:
   Masses.....
   Liver.....
   Spleen.....
   Kidneys.....
   Any Operation Scar? .....
9. Genitalia
   Hernia.....
   Hydrocel .....
10. Any clinical evidence of hyperacidity or gastric duodenal ulcer?
    .....

## C. LABORATORY TEST

1. Urine:
   Albumin.....
   Sugar.....
   Leucocytes.....
   Bilharzias.....
   Stools: Special emphasis on Hookworm or Bilharzia .....
2. Blood Examination:
   Haemoglobin .....
   White Cell count..... Total .....

Different count:

(a) Neutrophilis
(b) Eosinophils
(c) Basophils
(d) Lymphocytes
(e) Monocycles
(f) Erythrocyte Sedimentation Rate (ESR) mm/hr .....

**PART THREE**

**CONCLUSION**

I have examined Mr./Ms./Mrs. .....
And consider he/she is not/ fit to be admitted to the National College of Tourism (Delete the word that is not applicable).

**..... …….. …….**
**DATE SIGNATURE NAME**

**Authorized Medical Practitioner**

..... .....
**TITLE**

**Qualifications** .....

**Address**: ..... **Registration:** .....
.....
.....

Official Stamp /Seal

**PLEASE RETURN THIS FORM WITH FILLED APPLICATION FORM:**