Taifa Institute of Health and Allied Sciences

Kisongo, Arusha-Tanzania
Phone: 0689312861,
0680277888,0686312825
Email: admission@taifacollege.ac.tz

MEDICAL PROFORMA

1. Name of the Candidate: _____

2. Father's Name: _____

3. Sex: Male/Female 4. Height: ___ 5. Weight: ___ 6. Blood Group: _____

7. Identification Marks i. _____
   ii. _____

8. Whether the candidate fulfils the following standards: (If No specify the defect)
   a) General Fitness consists of

   Full Blood Test — Yes ☐ No ☐
   Full Urine Test
   Chest X-ray
   ECG
   Mental Retardness Test and
   Other General Tests

   b) Normal Vision — Yes ☐ No ☐
   c) Normal Auditory functions — Yes ☐ No ☐
   d) Normal Speech functions — Yes ☐ No ☐

9. Whether Physical Disabled
(If yes specify the defect and extent of disability)

   Vision — Yes ☐ No ☐
   Hearing — Yes ☐ No ☐
   Limbs — Yes ☐ No ☐

10. If having any allergy — Yes ☐ No ☐
    (If Yes specify)

11. If having any chronic disease — Yes ☐ No ☐
    (If Yes specify)

12. OPTION: With the above clinical details please specify whether the candidate is physically he/she is physically and mentally **fit / not fit** to be admitted to the University for Higher Studies.
    Yes ☐ No ☐ (If No specify the reason)

Signature of the Applicant: .....
Place : .....
Date : .....

Signature of Regd. Medical Practitioner :.....
Registration No :.....
Full Address : .....