



UNIVERSITY OF IRINGA STUDENT REGISTRATION FORM



(To be filled in duplicate and attach COPIES of Form IV(s), VI(s), AVN, birth Certificates and medical examination)

Academic Year Year of study Level of study Semester

Student's Academic Details

Registration/Token Number <input type="text"/>	Programme name <input type="text"/>	Faculty <input type="text"/>	
First Name (As in your certificate) <input type="text"/>	Middle Name (As in your certificate) <input type="text"/>	Last Name (As in your certificated) <input type="text"/>	Sex (F/M) <input type="text"/>
'O' Level School <input type="text"/>	F4 Index Number <input type="text"/>	Year <input type="text"/>	
'A' Level School <input type="text"/>	F6 Index Number <input type="text"/>	Year <input type="text"/>	
University/College <input type="text"/>	Diploma Name <input type="text"/>	Diploma AVN <input type="text"/>	Year <input type="text"/>
University/College <input type="text"/>	Degree Name <input type="text"/>	Registration number <input type="text"/>	Year <input type="text"/>

Other Details

Nationality <input type="text"/>	Region <input type="text"/>	P.O.Box <input type="text"/>	Date of Birth (DD/MM/YY) <input type="text"/>
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Contact Details

Mobile Number <input type="text"/>	Other Mobile Number <input type="text"/>	E-mail <input type="text"/>
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Parents/Guardian & Sponsorship

Names <input type="text"/>	Relationship <input type="text"/>	Mobile Number <input type="text"/>	Sponsorship PRIVATE / HESLB / OTHERS
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Accommodation Details

Nature of Accomodation ON / OFF CAMPUS	Hostel Name <input type="text"/>	Room No / Street <input type="text"/>
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Certification: *I certify that the above information is true to the best of my knowledge Date.....*

Official Use Only

Admissions Office: <input type="text"/>	UISo: <input type="text"/>	Account office: <input type="text"/>	Identity Card: <input type="text"/>
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UNIVERSITY OF IRINGA (UOI)
(FORMERLY, TUMAINI UNIVERSITY – IRINGA UNIVERSITY COLLEGE)
P.O. Box 200, Iringa, Tanzania. TEL: (0)26 2720900, FAX:(0)26-2720904
Mobile No: Admissions: 0743 802 615 / 0677 048 774
0753 618 173 / 0682 690 017

Website: www.uoi.ac.tz, E-Mail: uoi@uoi.ac.tz, admissions@uoi.ac.tz

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		Marital Status	
First:		Gender	
Middle:		Date of Birth	
Last:		Programme Applying for:-	
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 _____ Major Surgeries Yes / No If yes, type of surgery _____ Date of surgery _____	
(II) MUSCULO-SKELETAL SYSTEM Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____		Outcome of surgery _____ Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____	
(III) OTHER CHRONIC CONDITIONS Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____ Tuberculosis Yes / No If yes, when detected _____ Current status Cured / On going 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 _____
 Lymph node 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

(CHEST 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, Hemoflagellats &
 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 degree
 programme at University of Iringa.

Signature with Official Stamp _____ Date _____