

MINISTRY OF WATER
WATER INSTITUTE



Ref no: WI/C.44/76/82

Date : 04th JULY 2018

TO: Medical Officer In-Charge

..... Hospital

P. O. Box

.....

SUB: Medical Examination Report In Respect Of Prospective Students About To Join Ordinary Diploma Course in Year 2019/ 2020 Private Sponsored

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

.....
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 Quality Laboratory Technology and Irrigation Engineering.**

We thank you for the expected cooperation.

*Delete whichever is inappropriate.

Dr. S. Kazumba

RECTOR

Attachments:

WI – OD - Admission – Medical Examination Report

WI – OD - Admission – Medical Examination Report

Admission of students to Ordinary Diploma Courses at Water 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*. Orientation and registration shall be done from 04th November 2019 to 15th November 2019. Lesson for semester shall begin on 11th November 2019. The last date for registration for semester 1 studies is 15th November, 2019. The address to be used is:

The Rector
Water 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 rector, Water Institute – Medical Report"*

A. Candidate's Particulars:

- SURNAME:
- OTHER NAMES:
- AGE:years
- Height:cm
- 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*)

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

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

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

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

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.....

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

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- 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

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

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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

- 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?

- Hernia: (Yes / No)
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- Hydrocele: (Yes / No)
- Masses: (Yes / No)
- Liver: (Yes / No), If yes please explain
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.....
- Spleen: (Yes/ No), If yes please explain
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.....
- Kidney: (Yes/ No), If yes please explain
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.....
- Rectum: (Yes/ No), If yes please explain
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- 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

- **Urine:**
 - ✓ Albumen
 - ✓ Sugar
 - ✓ Leukocytes
 - ✓ Bilharziasis
 - ✓ Stool (emphasis on Hookworms)

- **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 Institute.
- o S/he is **medically unfit**, so s/he **should not** be admitted for studies at Water Institute.

S/he has a recurring ailment of.....
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 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.



ACCOMMODATION APPLICATION
FORM 2019/2020
(Use capital letters only to fill in the space provided)

PHOTO

A: **PERSONAL PARTICULARS:**

- 1. STUDENT'S NAME:.....
- 2. REGISTRATION NUMBER (FOR CONTINUING STUDENTS).....
- 3. PRIVATE/GOVERNMENT SPONSORED:
- 4. NAME OF SPONSOR:.....
- 5. LEADER (WADEMISO): YES/NO
- 6. IF YES POSITION:.....
- 7. COURSE.....YEAR OF STUDY:.....
- 8. PLACE OF BIRTH:.....
- 9. HOME PLACE:.....
- 10. HOME ADDRESS:
PHYSICAL ADDRESS:.....
POSTAL ADDRESS:.....
TELEPHONE:.....

11. Do you have any physical disability, or any special health problem? (Tick)

YES	NO
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If yes please explain:.....
.....
.....

B: NEXT OF KIN IN CASE OF EMERGENCY (Parent/Guardian/Husband/Wife)

FIRST NEXT OF KIN

1. NAME:.....

RELATIONSHIP:.....

2. AREA OF DOMICILE:

REGION.....DISTRICT:.....

WARD: VILLAGE/STREET:

3. OCCUPATION:

4. CONTACTS:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE:.....

SECOND NEXT OF KIN:

1. NAME:

2. RELATIONSHIP:

3. AREA OF DOMICILE:

4. REGION: DISTRICT:

5. WARD: VILLAGE/STREET:

6. OCCUPATION:

7. CONTACTS:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE.....

C: FOR OFFICIAL USE ONLY:

1. ROOM ALLOCATED

ROOM NO.

BLOCK:

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AUTHORISING OFFICER:

SIGNATURE:

NAME:

POSITION:

FOR: DEAN OF STUDENTS

(STAMP)

HOSTEL RULES AND REGULATIONS

1. The Hostel contract duration is meant to last for **ONE ACADEMIC YEAR ONLY**.
2. Student must pay Hostel fee in full before they can be given room keys. Hostel fee for this Academic year is **Tshs.200,000/=** .
3. Student must return hostel keys within five days after the end of each semester examination. Failure to return keys the deposited amount will not be refunded.
4. Musical appliances which make noise and disturb others are not allowed in the hostel rooms. Every student should make sure that the hostel is calm for studies. Student using musical appliance to disturb other in the hostel shall be expelled.
5. The student is not allowed to change room without prior consultation with the Office of the Dean of Students.
6. Cooking in the hostels is strictly prohibited. Any kind of cooker should not be used in the hostels.
7. Any property other than bag items should get written permit from the Dean of Student before it is brought to the Institute hostels. The Institute guards will have powers to bar any students from bringing property of such sort to the Institute premises if they have no permit.
8. Student is required to keep his/her room clean and tidy. Posting notes and poster on hostel room walls is not allowed.
9. Any repair needs must be reported to Estate Manager.
10. It is obligation of each student staying in the hostel to keep his/her hostel payment receipt and contract document to the end of his/her stay.
11. Smoking and alcohol drinking is not allowed in the rooms and/or around hostels. Any reported case of a student smoking and taking alcohol drinks in and around hostels shall lead to expulsion from the hostels.
12. Students are expected to be in their own Halls of Residence by 24.00-hrs midnight. Beyond this time, the guards shall refuse entry to that student, and shall report the incidence to the Dean of students. A student refused entry because of late coming shall be considered to have spent a night outside. Spending a night outside the room implies the student does not need the accommodation permanently, so he shall be deprived of the accommodation, unless he had permission by the Dean of Students to stay out until late or to stay away for the whole night.
13. Resident students shall be responsible for any damage or loss of properly in their hostel rooms as well as in the corridors, stairs, etc. If the person who caused the damage or loss cannot be identified, then the cost of replacement or damage shall be borne by residents of the entire floor or block .Where the person who caused loss or damage is known, that person shall be made to compensate for the whole damage. If he does not compensate it will lead to dismissal.

14. Students must report to the Dean of Students without delay, any damage to equipment or furniture in their rooms, whether accidental or otherwise. Failure to do so shall result in all occupants of that room or hostel to compensate for the damage or loss.
15. Every student staying in the hostel must have his/her hostel identity card when entering or leaving the hostel blocks. Guards shall have power to bar student from entering the hostel if he/she does not show Hostel ID.
16. Students shall not entertain visitors in their rooms. All visitors shall be entertained in public places.
17. Student shall live peacefully with one another. Where a student is found to misbehave towards roommates the misbehaving student shall be evicted from the room immediately.
18. Each room shall be allocated by the appropriate authority, permitting an unauthorized occupant to live in a hostel room is prohibited.
19. Access to hostel room: Students shall give access to the staff of the Institute to enter the hostel rooms for purposes of carrying out administrative duties. The staffs required to enter into a hostel room occupied by a student should:
 - (i) Identify himself or herself by stating his/her name and position and showing his identification card.
 - (ii) State reasons for requiring access.
20. Denial access, where access into a hostel is denied and it is deemed necessary that immediate entry is required the staff may use any reasonable means to gain access. In such circumstances the staff shall require to:
 - (i) Be accompanied by a security officer and a student representative. For the purpose of this regulation a student representative shall include a student leader or, in the absence of such leader, any other student.
 - (ii) Make a written report of the incident and submit to the appropriate authority.

DECLARATION:

I..... a student of the Water Development and Management Institute declares that I have read the **HOSTEL RULES AND REGULATIONS** and will abide to them.

Applicant's Signature:

Date: