

B. Payment Direct to the Student by the Sponsor

The parent/ guardian/ sponsor should give the student sufficient money for meeting the following costs as described below:

S/N	Description	1 st year (NTA7-1)	2 nd & 3 rd year (NTA7-2&NTA7-3)	4 th year (NTA 8)
1	Meals and Accommodations: Fresh student – 7500Tsh/dayX7daysX35wks/year. Continuing student – 7500Tsh/dayX7days/wkX34wks/year	1,837,500	1,785,000	1,785,000
2	Special faculty requirements	300,000	300,000	300,000
3	Books and stationery items	200,000	200,000	200,000
4	Industrial Practical Training (IPT) allowances - 10,000 Tsh/day x 70 days	700,000	700,000	0
5	IPT Transport allowances*	100,000	100,000	0
6	Project work**	0	0	620,000
	Total	3,137,500	3,085,000	2,905,000

These amounts are only indicative. The parent/ guardian/ sponsor have the liberty to give the student larger amounts. *

Varies depending on distance travelled and means of transport used

** Varies depending on nature of work performed (logistics, equipment, materials, supplies and services requirements

You are most welcome.

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.