



**SOUTHERN HIGHLANDS COLLEGE OF HEALTH  
AND ALLIED SCIENCES (SHCOHAS).**

P. o box 955, Mbeya – Tanzania,

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**FEE STRUCTURE FOR PHYSIOTHERAPY STUDENTS**

DESCRIPTION	AMOUNT	ACCOUNT NUMBER AND NAME
<b>TUITION FEE</b>	<b>1,500,000/=</b>	<b>A/c Name: SOUTHERN HIGHLANDS COLLEG</b> <b>A/c No: 01500015TKP00</b> <b>Bank: CRDB</b>
<b>ADMINISTRATIVE FEE</b>	<b>AMOUNT</b>	<b>ACCOUNT NUMBER AND NAME</b>
Skill Lab, Clinical Lab and Physiotherapy Lab.	150,000/=	<b>A/c Name: Southern Highlands Society</b>  <b>A/c No: 61010040170</b> <b>Bank: NMB</b>
Field work	150,000/=	
Cautions Money	50,000/=	
Library, Procedure book/Practicum Guidebook	75,000/=	
Local Examination	185,000/=	
Clinical rotation	200,000/=	
Stationary	30,000/=	
Identity Card	15,000/=	
Students Organization	20,000/=	
<b>SUB TOTAL</b>	<b>875,000/=</b>	
<b>GRAND TOTAL</b>	<b>2,375,000/=</b>	
<b>MINISTRY EXAMS AND QUALITY ASSURANCE</b>		<b>A/c Name: Southern Highlands Society</b>
Ministry Examination	150,000/=	<b>A/c No: 61010040170</b> <b>Bank: NMB</b>
Quality Assurance	20,000/=	
NHIF Contribution	65,000/=	
<b>SUB TOTAL</b>	<b>235,000/=</b>	



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**HOSTEL IS AVAILABLE AT THE INSTITUTE FOR FREE PER EACH SEMESTER**

**NHIF CONTRIBUTION** is applicable to those who does not have NHIF card (Nation Health Insurance Fund)

**NB:** Accommodation cost does not include meal; Meal will be available within the institute campus at the minimum costs for students.

## PAYMENT SCHEDULE – PHYSIOTHERAPY 2026/2027

Description	AWAMU ZA MALIPO YA ADA NA MICHANGO YA CHUO						
	KWANZA 1 <sup>ST</sup> September	PILI 1 <sup>ST</sup> November	TATU 2 <sup>ND</sup> January	NNE 1 <sup>ST</sup> March	TANO 1 <sup>ST</sup> April	SITA 1 <sup>ST</sup> June	
TUITION FEE	500,000/=	200,000/=	200,000/=	200,000/=	300,000/=	100,000/=	A/c Name: SOUTHERN HIGHLAND S COLLEG
ADMINISTRATIVE FEE	400,000/=		125,000/=		200,000/=	50,000/=	A/c Name: Southern Highlands Society
NHIF	65,000/=						
MINISTRY AND NACTE FEES	20,000/=				150,000/=		A/c No: 6101004017
<b>TOTAL</b>	<b>985,000/=</b>	<b>200,000/=</b>	<b>325,000/=</b>	<b>200,000/=</b>	<b>650,000/=</b>	<b>150,000/=</b>	

**NB:** Please adhere to the payments Schedule instructions. All the fees should be paid at their respective bank accounts as shown in the payment schedules above. No refund will be made.

**TAFADHALI:** Usichanganye akaunti za malipo, ada ilipwe kwenye akaunti ya ada na michango ilipwe kwenye akaunti ya michango kama inavyoonekana kwenye jedwali la malipo hapo juu.



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### WHERE AND HOW TO PAY?

1. All payments must be paid through BANK and submit pay slip on arrival in the college.
2. Fee payment is nonrefundable.
3. The cost should be open to negotiation between the student and sponsor/parent.
4. It is advisable that student stay in the hostel for easy learning especially for the first year. Sometimes lessons will be conducted at the evening.
5. The student is required to have clinical equipment's thus, **BP Machine, Stethoscope, Thermometer, tape measure, Examination touch, Patella hammer and Pulse Oxymetry**. All the equipment's are available at the college at affordable price.
6. The student is required to bring **TWO** ream papers and **ONE** box of the gloves.
7. Since the accommodation is provided free of charge, **a student will only be accepted if they bring personal cleaning supplies, such as a broom, mop, and water bucket**. A student is not allowed to use electrical equipment's in the hostel.
8. Students are informed that uniforms are available at the college and should be purchased from the college at a cost of 120,000 TSH, as specified later in this form.
9. The student should come with 20,000/=TSh for t-shirt for the specific days.



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## 1. Student to Buy.

□ **SCHOOL UNIFORMS;** its according to the Tanzania medical student (NTAL4-6) uniforms dressing code as stipulated by the Ministry of Health and Social Welfare below;

“SARE;

**Mwanamke:**

- i. Magauni mawili (2) ya Tetrone au cotton / pamba nzito nyeupe, yenye mikono mifupi. Hakikisha magauni yanavuka magoti-inch 6 (cm 12) chini ya magoti, isiwe na mpasuo nyuma. Mshono wake uwe sawa na sare za wauguzi au manesi mabegani iwe na utepe mweupe.
- ii. Viatu vyeupe, vyeusi au kahawia vyenye visigino na Soksi nyeupe au nyeusi ndefu.
- iii. Nywele za kusuka kwenda nyuma sio zaidi ya matuta matano, au ziwe za kuchana na kubana nyuma au ziwe zimenyolewa usawa mmoja. NB; Hairuhusiwi kusuka rasta, wiving, na wigi.
- iv. Mwanafunzi awe na kucha fupi, usoni hurusiwi kujipaka urembo.
- v. Suruali haziruhusiwi kwa wanawake.
- vi. Mtandio mweupe kwa watakao vaa mitandio **mfano** kwa Waumini wa dini ya kiislamu.
- vii. Masweta kwa ajili ya kujikinga baridi yawe rangi nyeupe, vyeusi au kahawia yasio Na maandishi wala kofia.
- viii. Makoti mawili (2) meupe na masafi yaliyoshonwa kwa tetroni nzito nyeupe. Koti moja liwe refu na mikono mirefu na linguine fupi Na mikono mifupi.
- ix. ‘Jeans’ haziruhusiwi kuvaliwa darasani au wakati wa mazoezi kwa vitendo hospitalini.
- x. Ndoo moja ya matumizi binafsi na **VYOMBO VYA KUFANYIA USAFI HOSTELI.**



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**Mwanaume:**

- i. Surualimbili (2) za rangi ya khaki tetroni isiyobana inayofunika viatu. Mwanafunzi hatakiwi kushona suruali inayombana.
- ii. Mashati mawili meupe yenye mikono mifupi.
- iii. Viatu vya ngozi nyeusi au kahawia.
- iv. Soksi nyeupe au nyeusi.
- v. Nywele fupi usawa mmoja. NB; Nywele za mitindo haziruhusiwi.
- vi. Masweta kwa ajili ya kujikinga baridi yawe rangi nyeupe, nyeusi au kahawia yasio na maandishi wala kofia.
- vii. Makoti mawili (2) meupe masafi. Koti moja liwe refu na mikono mirefu na linguine fupi na mikono mifupi. 'Jeans' haziruhusiwi kuvaliwa darasani au wakati wa mazoezi kwa vitendo hospitalini.
- viii. Nguo za michezo na kulalia
- ix. Ndoo moja ya matumizi binafsi, na **VYOMBO VYA KUFANYIA USAFI HOSTELI.**



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**MEDICAL EXAMINATION REPORT**

**PERSONAL DATA:**

Names of the student: First name: .....

Middle name: .....

Last name: .....

Date of birth: .....

Address: .....

**DETAILS OF MEDICAL HISTORY:**

**Past or present illness:** is there history of any of the following conditions?

(Tick where appropriate)

- Diabetes mellitus: YES...../NO.....
- Peptic ulcer disease: YES...../NO.....
- Respiratory disease (e.g. Asthma): YES...../NO.....
- Hypertension: YES...../NO.....
- Sickle cell disease: YES...../NO.....
- Congenital disease (e.g. Valvular disease): YES...../NO.....
- Arthritis: YES...../NO.....  
(If YES please specify).....
- Visual disorders: YES...../NO.....  
(If YES PLEASE specify).....
- Auditory disorders: YES...../NO.....  
(If YES please specify).....
- Any allergic diseases: YES...../NO.....  
(Please specify).....
- Any surgical intervention: YES...../NO.....  
(If YES please specify year and diagnosis).....
- Any other conditions not mentioned: .....



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**DETAILS OF MEDICAL EXAMINATION:** (Tick where appropriate)

**General condition:**

- Height..... Weight.....
- Nutritional status: Normal...../Overweight...../Underweight.....
- Skin: Intact...../ Desquamated...../ hyper pigmented...../ Lesions.....
- Teeth: In good condition..... / requiring treatment.....

**EYES:** Use smelling eye chart

Far vision: Without correction Rt..... Lt.....

With correction Rt..... Lt.....

Near vision: Without correction Rt..... Lt.....

With correction Rt..... Lt.....

**HEARING:**

Whisper Rt.....m Lt.....m

Normal hearing Rt.....m Lt.....m

**Examination of the chest:** (cardiac/respiratory system)

Normal: .....

Abnormal: .....( If abnormal please give positive signs).....  
.....  
.....

**Examination of the Abdomen:**

Normal: .....

Abnormal: ..... (I f abnormal please give positive signs).....  
.....  
.....

**Examination of the muscle skeletal system:** (Assess posture, gait, stiffness/pain of hands and feet joints, edema of lower limbs)

Normal: .....

Abnormal: ..... (I f abnormal please give positive signs).....  
.....



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**Examination of central nervous system and Psyche:** (Assess reflexes, abnormal behavior, mental diseases etc)

Normal: .....

Abnormal: ..... (If abnormal please give positive signs)

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**INVESTIGATIONS**

Perform the following investigations and indicate in the appropriate spaces below:

- MRDT/BS for MPS.....
- Stool Analysis.....
- Urinary Pregnancy Test.....
- Hemoglobin.....

Clinician Name: ..... Signature: .....

Date.....

Official Stamp

