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DEPUTY PRINCIPAL ACADEMICS & STUDENTS AFFAIRS

KVUCJI_3

STUDENTS ENTRANCE MEDICAL EXAMINATION FORM

IMPORTANT

Students are requested to complete part I of this Form, part II should be completed by the Medical Officer examining the student. The completed form should be delivered together with other forms on reporting day.

PART I

(a) Full Name: _____
(Surname or last Name) (Other Names)

1. University Admission No. _____ Phone No._____
2. National ID No. /Passport No._____Gender _____
3. Date of Birth _____Place of Birth: _____
4. Full Name of Mother/Father/Guardian _____

   Phone No._____National ID/Passport No._____

   Address: _____
5. Give names and address of two persons who can be contacted in case of an emergency.

   Name _____Relationship_____

   Phone No._____National ID/Passport No._____

   Address: _____

PART II

1. Have you ever been admitted into a hospital?

_____

_____

If so, state reason for admission and date

_____

2. Have you had any of the following illnesses? (Delete as necessary)

(a) Tuberculosis or other chest infection	Yes ☐	No ☐
(b) Fits, Nervous disease or fainting attacks	Yes ☐	No ☐
(c) Heart Disease or Rheumatic Fever	Yes ☐	No ☐
(d) Any disease of the Digestive System	Yes ☐	No ☐
(e) Allegies to food or drugs	Yes ☐	No ☐
(f) Malaria	Yes ☐	No ☐
(g) Sexuality Transmitted Disease	Yes ☐	No ☐
(h) Poliomyelitis	Yes ☐	No ☐

If the answer to any of the above is yes, please give details with dates

_____

_____

_____

If there are any other-relevant details of your medical history not covered by the above questions, please give particulars._____

_____

3. Has any member of your family suffered from:

(a) Tuberculosis	Yes ☐	No ☐
(b) Insanity or mental illness	Yes ☐	No ☐
(c) Diabetes Mellitus	Yes ☐	No ☐
(d) Heart Diseases	Yes ☐	No ☐
(e) Any other Disease	Yes ☐	No ☐

If Yes, kindly give details_____

_____

_____

_____

4. Have you been immunized against any of the following diseases?

(a) Small pox Yes ☐ No ☐

(b) Tetanus Yes ☐ No ☐

(c) Poliomyelitis Yes ☐ No ☐

(d) Any other Disease Yes ☐ No ☐

If Yes, kindly give details _____

_____

_____

Signature of Student _____ **Date** _____

PART III (To be completed by the Examining Medical Officer)

1. Height_____ Weight _____

2. Visual Acuity

Without glasses

With glasses R.6 L.6

3. Hearing Right Ear Left Ear

4. Condition of:

Teeth Throat

Ear Lymphatic glands

Nose

5. Circulatory system:

Pulse Heart

Blood pressure Systolic _____ Diastolic_____

6. Respiratory system

Chest X-Ray (optional depending on Clinical findings)

_____

7. Abdomen; any palpable masses-physiological or Pathological?

   Liver _____

   Spleen _____

   Uterus _____L.M.P _____

8. Urine: Abbumin _____Sugar _____

   (a) Is the student on any treatment? Yes/No

   If Yes, kindly give details_____

   _____

   (b) Any other observation of importance _____

   _____

   _____

Name of Medical Officer _____

Signature_____**Date** _____

PART IV

To be completed by Kerio Valley University College Medical Doctor, after the student has registered with the University.

Special Remarks_____

Is the student fit for University Education Yes/No _____

Date_____

Name of University Medical Officer _____

Signature _____ **Date:** _____