DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
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ATTACH ONE COLOURED PASSPORT SIZE PHOTOGRAPH

Medical Examination Report (Page: 1 of 4)

Document No: DeKUT/AAR/APK & APS/FORM 4/5
2025/2026 Academic Year

MEDICAL EXAMINATION REPORT

STUDENT REG. NO: ----------

IMPORTANT

Students are requested to complete **Part I** and **Part II** of this **Form**. **Part III** of this **Form** should be completed by the Medical Officer examining the student. The completed **Form** should be brought personally and presented to the Medical Officer when you report to the University. No medical reports should be brought earlier or sent by post.

PART I: TO BE COMPLETED BY THE STUDENT

a) i)First Name…….. Middle Name ……Surname……..

ii)Date of Birth……. Place of Birth…… Nationality…… ….

iii)Gender: Male ☐ Female ☐

iv)Religion…… Marital Status……

iv)School/Institute admitted to…….....

v)Name of Father……..Postal address……..

Phone number ……. …… Email…….

vi)Name of Mother……Postal address……

Phone number ……. …… Email…….

vii)Name of Guardian (if applicable)…….

Address of Guardian ……Telephone number……

b) Have you ever been admitted into a hospital? Yes/No ……..

If so, state reason for admission and date……..

……

c) Have you ever had any of the following illness? (tick as appropriate):

i)	Tuberculosis or other chest infection	Yes/No
ii)	Fits, Nervous disease or fainting attacks	Yes/No
iii)	Heart disease or Rheumatic fever	Yes/No
iv)	Any disease of the digestive system	Yes/No
v)	Any disease of genital urinary system	Yes/No
vi)	Allergies to food or drugs	Yes/No
vii)	Sexually Transmitted Disease	Yes/No
viii)	Poliomyelitis	Yes/No

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

……

……

……

d) If there are any other relevant details of your medical history not covered by the above questions, please give particulars: …….....

……...

e) Has any member of your family suffered from any of the following diseases? (tick as appropriate):

i)	Tuberculosis	Yes/No
ii)	Insanity or mental illness	Yes/No
iii)	Diabetes mellitus	Yes/No
iv)	Heart disease	Yes/No

f) Do you have any disability (ies)? Yes/No

If Yes, give details……..

…….

PART II: EMERGENCY OPERATION APPROVAL
To be completed by the Parents/Guardians/Next of Kin

Name of Student ……

Student Reg. No. ……...

Name of Programme Admitted to ……..

I agree that the Vice Chancellor of Dedan Kimathi University of Technology may consent to an Emergency Operation being performed on …… (Insert name), if it has not proved possible to contact me on time.

Name of Parent/Guardian/Next of Kin…….

Signature …… Date ……..

Relationship: …… Telephone Number……

Address ……

PART III: TO BE COMPLETED BY THE EXAMINING MEDICAL OFFICER

a) Height: …….. Weight: …….....

b) Visual Acuity:
Without glasses R.6/…… L.6/……
With glasses R.6/……. L.6/……

c) Hearing: Right Ear…… Left Ear……..

d) Condition of:
Teeth: ……
Nose: ……
Throat: ……

e) Lymphatic glands: ……

f) Circulatory system: …….....

Pulse:……..
Blood pressure: Systolic: ……. Diastolic: ……..

g) Respiratory system:……
X-ray chest: …… (Get Radiologist Report)

NOTE: THE STUDENT TO PRESENT AN X-RAY REPORT TO THE UNIVERSITY CHIEF MEDICAL OFFICER DURING REGISTRATION.

h) Abdomen: …….....

Spleen: ……Liver…….

Any evidence of Hernia? ……

Any evidence of Hemorrhoids? …….

i) Urine: Albumin: …… Sugar: ……..……SG:…….

j) Any observable physical defects or physical/non-physical disability? **Yes/No**

If any please specify……

……

k) Is the student on any treatment? …….

If any please specify …….....

l) RPR Test…….

m) Describe any other observation of importance:

....……

……

Name of Medical Officer:…… Physical Location:……

Telephone No:…….. Stamp and date:……

PART IV: TO BE COMPLETED BY THE UNIVERSITY CHIEF MEDICAL OFFICER

Special remarks……

Is the student fit for University Education? Yes …….. No…….

…… ……

Chief Medical Officer **Date**
DeKUT