

ATTACH ONE **COLOURED PASSPORT** 

PHOTOGRAPH

SIZE

## **DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS & REASERCH**

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## **Medical Examination Report (Page: 1 of 3)**

## **MEDICAL EXAMINATION REPORT**

STUDENT REG. NO:							
	IMPORTANT						
co: pe:	adents are requested to complete <b>Part I</b> and <b>Part II</b> of this <b>Form</b> . <b>Part III</b> of this <b>Form</b> should be impleted by the Medical Officer examining the student. The completed <b>Form</b> should be brought resonally and presented to the Medical Officer on the day of registration by the student. No medical ports should be brought earlier or sent by post.						
	PART I: TO BE COMPLETED BY THE STUDENT						
a)	First Name Middle Name Surname						
	Date of Birth						
	Gender: Male Female						
	Religion Marital Status						
	School/Institute admitted to						
	Name of Parent/Guardian/Next of Kin						
	Address of Parent/Guardian/Next of Kin						
	Telephone Number of Parent/Guardian/Next of Kin						
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):						
	<ul> <li>i) Tuberculosis or other chest infection Yes/No</li> <li>ii) Fits, Nervous disease or fainting attacks Yes/No</li> </ul>						

	iii)	Heart	disease or Rheumatic fever		Yes/No			
	iv)	Any d	lisease of the digestive system		Yes/No			
	v)	Any disease of genital urinary system			Yes/No			
	vi)	Allerg	gies to food or drugs	Yes/No	Yes/No			
	vii)				Yes/No			
	viii)		nyelitis		Yes/No			
	If th	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/N	Jo			
		,	Insanity or mental illness	Yes/N				
		ii)	Diabetes mellitus					
		iii)		Yes/N				
		iv)	Heart disease	Yes/N				
		v)	Yellow Fever	Yes/N				
		vi)	Ebola	Yes/N	No			
	f) Do you have any disability (ies)? Yes/No If Yes, give details							
	P	ART II	: TO BE COMPLETED BY	THE EX	KAMINING MEDICAL OFFICER			
a)	Height:				Weight:			
h)	Visual A	Δ cuity»						
U)		•	s R.6/		L.6/			
	Withou	_						
	With gl	asses	R.6/	• • • • • •	L.6/			
c)	Hearing	g:	Right Ear		Left Ear			
<b>d</b> )	Condition of:							
u)	Teeth:	on or.						
	Nose:	• • • • •						
	Throat:							
	rmoat.	••••		• • • • • • • • • • •				
۵)	I vyma se 1-	otio ala	nde					
e)	Lympn	ianc gia	iius	• • • • • • • • • •				
f)	Circulatory system:							

a)

b)

c)

d)

Yes	No
	Yes

Chief Medical Officer DeKUT Date