



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

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

Document No:  
DeKUT/AAR/International/Form 4/5  
2024/2025 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 on the day of registration by the student. No medical reports 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..... Place of Birth..... Nationality.....

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):

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

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.....  
.....

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
- v) Yellow Fever Yes/No
- vi) Ebola Yes/No

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

If Yes, give details.....  
.....

**PART II: 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)

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:..... Home Town/City:.....

Telephone No:..... Stamp and date:.....

**PART III: TO BE COMPLETED BY THE UNIVERSITY CHIEF MEDICAL OFFICER**

Special remarks.....

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

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**Chief Medical Officer  
DeKUT**

**Date**