

UNIVERSITY OF KABIANGA

STUDENT'S 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 forwarded to the Medical Officer, University of Kabianga, and P.O. Box 2030 - 20200 KERICHO.

PART I

(a) Student's Surname _____

(Other Names)

Date and Place of Birth _____

Nationality _____

Admission No: _____ Telephone Number: _____

School _____

Marital status _____

Name, Address and Telephone Number of Parent/Guardian/Next of kin _____

(b) Have you ever been admitted into a hospital? _____

If so, state reason for admission and date

(c) Have you had any of the following illnesses/ (Delete as necessary?)

Tuberculosis or other chest infection? Yes/No

Fits, Nervous disease or fainting attacks Yes/No

Heart Disease or Rheumatic Fever..... Yes/No

Any disease of the Digestive System Yes/No

Allergies to food or drugs Yes/No

Malaria Yes/No

Sexually Transmitted Diseases Yes/No

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. _____

(d) Has any member of your family suffered from:

(i) Tuberculosis Yes/No

(ii) Insanity or Mental illness Yes/No

(iii) Diabetes Mellitus Yes/No

(iv) Heart Disease Yes/No

(e) Have you been immunized against any of the following diseases?

(i) Smallpox Yes/No

(ii) Tetanus Yes/No

(iii) Poliomyelitis Yes/No

Signature of Student _____ Date _____

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 _____ Throat _____
Ears _____ Lymphatic glands _____
Nose _____
- e) Circulatory system:
Pulse _____
Heart _____
Blood pressure Systolic _____ Diastolic _____
- f) Respiratory system
Chest X-Ray (optional depending on Clinical findings)

- g) Abdomen, any palpable masses – Physiological or Pathological?
Liver _____ Spleen _____
Uterus _____ L.M.P _____
- h) Urine Albumin _____ Sugar _____
(i) Is the student on any treatment?
(ii) Any other observation of importance _____
Name of Medical Officer _____
Signature _____ Date _____

PART III

(To be completed by University of Kabianga Medical Doctor, after the student has registered with the University)

Special Remarks _____

Is the student fit for University Education _____ Yes/No.? Date _____

University Doctor _____ Signature _____

(NAME)