

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: _____

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 attacksYes/No

- 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)