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**UNIVERSITY OF KABIANGA**  
**ISO CERTIFIED INSTITUTION**  
**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)** Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Admission No: \_\_\_\_\_

School \_\_\_\_\_

Marital Status \_\_\_\_\_ NHIF No. \_\_\_\_\_

**b)** Full name of Father \_\_\_\_\_ Deceased/Alive

Father's Tel. No. \_\_\_\_\_ Father's NHIF No. \_\_\_\_\_

Father's Address \_\_\_\_\_

Full name of Mother \_\_\_\_\_ Deceased/Alive

Mother's Tel. No. \_\_\_\_\_ Mother's NHIF No. \_\_\_\_\_

Mother's Address \_\_\_\_\_

Full name of Guardian \_\_\_\_\_

(Where parents are not available)

Guardian's Tel. No. \_\_\_\_\_ Guardian's NHIF Number \_\_\_\_\_

Guardian's Address \_\_\_\_\_

**c)** In case of an emergency, please call \_\_\_\_\_

Relationship \_\_\_\_\_ Tel No. \_\_\_\_\_

**d)** Have you ever been admitted into a hospital? \_\_\_\_\_  
If so, state reason for admission and date  
\_\_\_\_\_  
\_\_\_\_\_

**e)** 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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**f)** Has any member of your family suffered from the following?  
(i) Tuberculosis \_\_\_\_\_ Yes/No  
(ii) Insanity or Mental illness \_\_\_\_\_ Yes/No  
(iii) Diabetes Mellitus \_\_\_\_\_ Yes/No  
(iv) Heart Disease \_\_\_\_\_ Yes/No

**g)** 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 \_\_\_\_\_  
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.?

**University Doctor** \_\_\_\_\_

**(NAME)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_