



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY

P.O. BOX 62000-00200, CITY SQUARE, NAIROBI, KENYA. TELEPHONE: (067) 52711/52181-4. FAX: 52164, THIKA

REG. NO.....

STUDENTS MEDICAL ENTERANCE EXAMINATION

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 brought personally and presented to the Medical Registration Officers on the day of Registration by the Student. **No medical reports should be brought earlier of sent by post.**

PART I

- a). Surname Other Names.....
Date and Place of Birth..... SexNationality.....
Race..... Religion.....
Faculty/School/Institute..... Marital Status.....
Name, Address and Telephone No. 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? (Tick appropriately)
- | | | | |
|--------|--------------------------------------------|---------|--------|
| 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 Genito Urinary system? | Yes [] | No [] |
| vi). | Allergies to food or drugs | Yes [] | No [] |
| vii). | Malaria? | Yes [] | No [] |
| viii). | Sexually transmitted diseases? | Yes [] | No [] |
| ix). | Poliomyelitis? | Yes [] | No [] |
- If the answer to any of the above is YES, Please give details with dates against each of above illness.
- d). If there are any relevant details of your medical history not covered by the above questions, please give particulars
- e). Has any of your family member suffered from:
- | | | | | | | | |
|-------|-------------------|---------|--------|------|----------------------------|---------|--------|
| i). | Tuberculosis | Yes [] | No [] | ii). | Insanity or Mental Illness | Yes [] | No [] |
| iii). | Diabetes Mellitus | Yes [] | No [] | iv). | Heart Disease | Yes [] | No [] |
- f). Have you been immunized against any of the following?
- | | | | | |
|-------|---------------|---------|--------|------------|
| i). | Small pox | Yes [] | No [] | Date..... |
| ii). | Tetanus | Yes [] | No [] | Date |
| iii). | Poliomyelitis | Yes [] | No [] | 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 EarLeft Ear.....
- d) Condition of :
Teeth:
Nose:
Throat:

- e) Lymphatic glands :.....

Circulatory System:

Pulse:

Blood Pressure: Systolic:..... Diastolic:.....

- f) Respiratory System.....
.....

X-Ray Chest:.....

(THE STUDENT TO BE GIVEN THE X-RAY FILM TO BRING TO THE UNIVERSITY CHIEF MEDICAL OFFICER DURING THE REGISTRATION)

- g). Abdomen.....
Spleen
Any evidence of Hernia
Any evidence of Haemorrhoids.....
- h) Urine..... Albumin..... Sugar.....
- i) Any observable physical defects in addition to general record of observation
- j) Is the student on any treatment?
If any, please specify.....
- k) Blood Khan Test
- l) Any other observation of importance
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Date: Medical Office:
Address:

Stamp.....



PART III
(To be completed by the University Chief Medical Officer)

Special Remarks:

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Is the Student fit for University Education? **Yes** [] **No** []

Date :

.....
Chief Medical Officer
For JKUAT

