

STUDENTS ENTRANCE MEDICAL 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 forwarded to the Medical Officer, **(Fill in capital letters. Attach a colored passport size photograph taken on a yellow background)**

PART 1

a) Student's Name: _____

Surname
Middle
First

Date and Place of Birth _____

Nationality _____ Sex _____

Admission No: _____

Student's phone No. _____

Faculty _____

Single/Married _____

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 members of your family suffered from:
- i) Tuberculosis Yes/No
 - ii) Insanity or mental illness Yes/No
 - iii) Diabetes Mellitus Yes/No
 - iv) Heart Diseases Yes/No
- e) Have you been immunized against any of the following:-
- i) Small pox 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 | | |
| With 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 Rongo University Medical Doctor, after the student has registered with the University)

Special Remarks

Is the student fit for University Education _____ Yes/No

Date _____ University Doctor _____

(NAME)

Signature _____