



**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
MEDICAL CHECKLIST 2024/2025 ACADEMIC YEAR
GOVERNMENT / SELF SPONSORED (1st YEARS/NEW) STUDENTS**

To be completed, signed and stamped

Name of student Reg. No.....
 Course.....
 School/Faculty.....
 Tel. No..... Email.....

PART I:

**MEDICAL VERIFICATION (For New Students Only)
(Part I to be completed by the Medical Officer)**

1. Medical Examination Form submitted **Yes () No ()**
2. Chest X-ray submitted **Yes () No ()**
3. SHIF/NHIF Card/Medical Insurance Cover Certificate submitted **Yes () No ()**
4. Hepatitis B Vaccination Certificate submitted **Yes () No ()**
 (Mandatory for College of Health Sciences Students Only)

Comments:

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Name of Officer Signature

Date.....Stamp.....

THIS FORM WILL BE RETAINED BY THE STUDENT AND PRESENTED AT THE HOSPITAL DURING THE FIRST HOSPITAL VISIT.



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 Setting Trends in Higher Education, Research, Innovation and Entrepreneurship

