JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

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REG. NO.....

STUDENTS MEDICAL ENTRANCE EXAMINATION

IMPORTANT-(TO BE PRINTED ON A4 PAPER)

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..... Sex .....Nationality.....

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 particular
.....

e). Has any of your family members 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.....

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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: .....
Nose: .....
Throat: .....

e) Lymphatic glands :.....

Circulatory System: .....

Pulse: .....

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

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

X-Ray Chest:.....

(The student to be given the Chest X-ray film and Chest X-ray report to bring to the University Chief Medical Officer during registration. The X-ray report must have the student's name and identity no, or date of birth.)

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 .....
.....
.....

Date: ..... Medical Officer .....

Address: .....

Stamp .....

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

Special Remarks: .....
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.....
.....
.....
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Is the Student fit for University Education? **Yes [ ]** **No [ ]**

Date : ..... **.....**
Chief Medical Officer
For JKUAT

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