

MEDICAL FORM

PERSONAL DATA (As completed in the online form)

NAME: *BETT, FELIX KIPKORIR*

REG No: *AP16/00409/22* NATIONALITY: *Kenya* SEX: *M*

MARITAL STATUS: *S* RELIGION: *C*

STUDENT'S EMERGENCY CONTACTS

Name, Address and Telephone No. of Parent / Guardian / Next of Kin

.....
.....

Name, Address and Telephone No. of family doctor.....

.....

Name of preferred private hospital in case of request of admission.....

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MEDICAL INFORMATION (To be completed by the student)

Have you ever been admitted to hospital? YES / NO

If so, State the reason for admission and date:

.....
.....

Have you ever had any of the following illness?

Tuberculosis or other chest infections YES/NO Fits, nervous diseases or fainting attacks YES/NO Heart disease or rheumatic fever YES/NO

Allergies to food stuffs YES/NO

Diabetes YES/NO

Mental illness YES/NO

Asthma YES/NO

If the answer to any of the above is YES, please give details and dates:

.....
.....

Any relevant details of your medical history not covered in the above questions:

.....
.....
Date:.....Signature:.....

MEDICAL INFORMATION (To be completed by examination officer)

vision.....
Hearing.....
Circulatory pressure.....systolic.....diastolic.....
Random blood sugar.....Hb level.....
Blood group.....Urine chemistry.....
Is the student on any treatment?.....
If so, give details.....
Any other observation.....

Name of examining doctor (from a Government Hospital)

Medical Officer:.....

Signature:.....Official stamp:.....

NOTE: Private admission are paid by the parent / guardian

Medical form to be filled at least one week before reporting date (Appropriate evidence is required upon reporting)

RECOMMENDATION (To be completed by Egerton University Medical Officer)

Special remarks.....
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Is the student fit for University education YES/NO

Date:.....Signature:.....

CHIEF MEDICAL OFFICER