

UNIVERSITY OF ELDORET

STUDENTS ENTRANCE MEDICAL EXAMINATION FORM

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, University of Eldoret, P.O. Box 1125, ELDORET.

PART I

(a) Student's Name _____
(Surname) (Other Names)

Current Mobile No. _____

Date and Place of Birth _____

Nationality _____ Sex _____

Admission No. _____

School _____

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 infectionYes/No
 Fits, Nervous disease or fainting attacksYes/No
 Heart Disease or Rheumatic FeverYes/No
 Any disease of the Digestive SystemYes/No
 Allegies to food or drugsYes/No
 MalariaYes/No
 Sexuality Transmitted Disease.....Yes/No
 PoliomyelitisYes/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 member of your family suffered from:
- (i) TuberculosisYes/No
 (ii) Insanity or mental illnessYes/No
 (iii) Diabetes MellitusYes/No
 (iv) Heart DiseasesYes/No
 (v) Any other Disease.....Yes/No

If Yes, kindly give details.....

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- (e) Have you been immunized against any of the following diseases?
- (i) Small poxYes/No/Date
 (ii) TetanusYes/No/Date
 (iii) PoliomyelitisYes/No/Date
 (v) Any other Disease.....Yes/No

If Yes, kindly give details.....

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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

(c) Hearing

Right Ear

Left Ear

(d) Condition of:

Teeth

Throat

Ear

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? _____ Yes/No

If Yes, kindly give details.....

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(ii) Any other observation of importance _____

Name of Medical Officer _____

Signature _____ **Date** _____

PART III

To be completed by University of Eldoret 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 _____ **Date:** _____