



DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS & REASERCH
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ATTACH ONE COLOURED PASSPORT SIZE PHOTOGRAP H
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Medical Examination Report (Page: 1 of 4)

Document No: DeKUT/AA/APK & APS/FORM 4/5
 2019/2020 Academic Year

MEDICAL EXAMINATION REPORT

STUDENT REG. NO:

IMPORTANT

Students are requested to complete **Part I** and **Part II** of this **Form**. **Part III** of this **Form** should be completed by the Medical Officer examining the student. The completed **Form** should be brought personally and presented to the Medical Officer on the day of registration by the student. No medical reports should be brought earlier or sent by post.

PART I: TO BE COMPLETED BY THE STUDENT

a) First Name..... Middle Name Surname.....

Date of Birth..... Place of Birth..... Nationality.....

Gender: Male Female

Religion..... Marital Status.....

School/Institute admitted to.....

Name of Parent/Guardian/Next of Kin.....

Address of Parent/Guardian/Next of Kin.....

Telephone Number of Parent/Guardian/Next of Kin.....

.....

b) Have you ever been admitted into a hospital? Yes/No

If so, state reason for admission and date.....

.....

c) Have you ever had any of the following illness? (tick as appropriate):

- 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 genital urinary system Yes/No

vi) Allergies to food or drugs Yes/No

vii) Sexually Transmitted Disease Yes/No

viii) Poliomyelitis Yes/No

If the answer to any to the above is yes, please give details with dates

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

d) If there are any other relevant details of your medical history not covered by the above questions, please give particulars:

.....

e) Has any member of your family suffered from any of the following diseases? (tick as appropriate):

i) Tuberculosis Yes/No

ii) Insanity or mental illness Yes/No

iii) Diabetes mellitus Yes/No

iv) Heart disease Yes/No

f) Do you have any disability (ies)? Yes/No

If Yes, give details.....

.....

PART II: EMERGENCY OPERATION APPROVAL
To be completed by the Parents/Guardians/Next of Kin

Name of Student

Student Reg. No.

Name of Programme Admitted to

I agree that the Vice Chancellor of Dedan Kimathi University of Technology may consent to an Emergency Operation being performed on (Insert name), if it has not proved possible to contact me on time.

Name of Parent/Guardian/Next of Kin.....

Signature Date

Relationship: Telephone Number.....

Address

PART III: 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:

f) Circulatory system:
Pulse:.....
Blood pressure: Systolic: Diastolic:

g) Respiratory system:.....
X-ray chest: (Get Radiologist Report)

NOTE: THE STUDENT TO PRESENT AN X-RAY REPORT TO THE UNIVERSITY CHIEF MEDICAL OFFICER DURING REGISTRATION.

h) Abdomen:
Spleen: Liver.....

Any evidence of Hernia?
Any evidence of Hemorrhoids?

i) Urine: Albumin: Sugar: SG:.....

j) Any observable physical defects or physical/non-physical disability? **Yes/No**
If any please specify.....

k) Is the student on any treatment?
If any please specify

l) RPR Test.....

m) Describe any other observation of importance:
.....
.....

Name of Medical Officer:..... Physical Location:.....

Telephone No:..... Stamp and date:.....

PART IV: TO BE COMPLETED BY THE UNIVERSITY CHIEF MEDICAL OFFICER

Special remarks.....

Is the student fit for University Education? Yes No.....

.....

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**Chief Medical Officer
DeKUT**

Date