



STUDENTS ENTRANCE MEDICAL EXAMINATION

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,
(Fill in capital letters. Attach a colored passport size photograph taken on a yellow background)

PART 1

a) Student's Name: _____

Surname Middle First

Date and Place of Birth _____

Nationality _____ Sex _____

Admission No: _____

Student's phone No. _____

Faculty _____

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 infection? Yes/No

Fits, Nervous disease or fainting attacks Yes/No

Heart Disease or Rheumatic Fever Yes/No

Any disease of the Digestive System Yes/No

Allergies to food or drugs Yes/No

Malaria Yes/No

Sexually Transmitted diseases Yes/No

Poliomyelitis Yes/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 members of your family suffered from:

i) Tuberculosis Yes/No

- ii) Insanity or mental illness Yes/No
- iii) Diabetes Mellitus Yes/No
- iv) Heart Diseases Yes/No
- e) Have you been immunized against any of the following:-
 - i) Small pox Yes/No
 - ii) Tetanus Yes/No
 - iii) Poliomyelitis Yes/No

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
 - With glasses R/6 L.6
- c) Hearing Right Ear Left Ear
- d) Condition of:
 - Teeth Throat
 - Ears 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?
 - ii) Any other observation of importance _____
 - Name of Medical Officer _____
 - Signature _____ Date _____

PART III

(To be completed by Rongo University 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 _____