



KARATINA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC, RESEARCH & STUDENT AFFAIRS)

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STUDENT'S MEDICAL FORM

IMPORTANT:

Students are requested to dully complete **Part I** of this Form. **Part II** should be completed by the Medical Officer examining the student. To be completed in **CAPITAL** letters.

PART I

a) Student's Name:

.....
(Surname, Middle name, Last name)

Registration Number:

School:

National ID/ Birth Certificate Number:

NIIMS Huduma Number:

National Hospital Insurance Fund (NHIF) Card No:

Date of Birth (DD/MM/YY):

Gender: Male Female

Nationality:

Marital Status: Single: Married: Divorced: Widowed:

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

i. Name: Relationship:

P.O. Box: Code: Town:

Mobile Phone No: Email:

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 illnesses (tick appropriately);

i. Tuberculosis or other chest infections? 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. Allergies to food or drugs. Yes No

vi. Sexually Transmitted diseases. Yes No

vii. 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 Disease. Yes No

e) Have you been immunized against any of the following diseases?

- i. Small pox. Yes No Date immunized:.....
- ii. Tetanus. Yes No Date immunized:.....
- iii. Poliomyelitis. Yes No Date immunized:.....

I certify that the information I have provided is correct.

.....
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:.....
 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 Examining Medical Officer **Signature** **Date & Stamp**

PART III - (To completed by Karatina University Medical Doctor, after the student has registered with the University)

Special Remarks:.....
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Is the student fit for University Education? Yes No

.....
Name of University Medical Officer **Signature** **Date & Stamp**