



# MACHAKOS UNIVERSITY

## OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

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University Admission No. \_\_\_\_\_

### STUDENT ENTRANCE MEDICAL EXAMINATION

**IMPORTANT:** Students should bring this form duly signed during the registration.

NOTE: A chest X-ray may be required if the doctor examining a student, feels that it is necessary. The film should be given to the student to bring to the University Medical Officer during the registration period.

**PART 1:**      (a) **SURNAME** \_\_\_\_\_      **OTHER NAMES** \_\_\_\_\_  
                  **DATE OF BIRTH** \_\_\_\_\_      **GENDER** \_\_\_\_\_  
                  **NATIONALITY** \_\_\_\_\_      **SINGLE/MARRIED** \_\_\_\_\_  
                  **RELIGION** \_\_\_\_\_  
                  **SCHOOL** \_\_\_\_\_

**NAME, ADDRESS AND TELEPHONE NUMBER OF PARENT/GUARDIAN:**

\_\_\_\_\_  
\_\_\_\_\_

**NEXT OF KIN** \_\_\_\_\_

(b) Have you ever been admitted to hospital? \_\_\_\_\_

If so, state reason for admission and date: \_\_\_\_\_

\_\_\_\_\_

(c) Have you had any of the following illnesses?

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 genitor-urinary system Yes/No\_\_\_\_\_

Allergies to food or drug Yes/No\_\_\_\_\_

Malaria Yes/No\_\_\_\_\_

Sexually transmitted disease Yes/No\_\_\_\_\_

Any disease of the digestive system Yes/No\_\_\_\_\_

If the answer to any of 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, please give particulars.

\_\_\_\_\_

\_\_\_\_\_

(e) Has any member of your family suffered from

(i) Tuberculosis Yes/No

(ii) Insanity or mental illness Yes/No

(iii) Diabetes Mellitus Yes/No

(f) Have you been immunized against any of the following diseases:-

(i) Small pox Yes/No\_\_\_\_\_ Date:\_\_\_\_\_

(ii) Tetanus Yes/No\_\_\_\_\_ Date:\_\_\_\_\_

(iii) Polymyelitis Yes/No\_\_\_\_\_ Date:\_\_\_\_\_

Student's Signature\_\_\_\_\_

**PART II** (To be completed by the examining Medical Officer)

(a) Height\_\_\_\_\_ Weight\_\_\_\_\_

(b) **VISUALACUTITY**

Without Glasses      R.6/                  L.6/

Without Glasses      R.6                      L.6/

(c)    Hearing                      Right Ear          Left Ear

(d)    Condition of:                  Teeth\_\_\_\_\_

  Nose\_\_\_\_\_

  Throat\_\_\_\_\_

(e)    Lymphatic Glands\_\_\_\_\_

      Circulatory System\_\_\_\_\_

      Blood Pressure\_\_\_\_\_

      Systolic\_\_\_\_\_

(f)    Respiratory System\_\_\_\_\_

\_\_\_\_\_

X-Ray (Chest of necessary)\_\_\_\_\_

\_\_\_\_\_

**NB: THE STUDENT SHOULD BE GIVEN THE CHEST – RAY FILM TO BRING TO THE UNIVERSITY OFFICE OF THE DEAN OF STUDENTS DURING REGISTRATION**

(g)    Abdomen\_\_\_\_\_

      Spleen\_\_\_\_\_

      Any Evidence of Hernia\_\_\_\_\_

      Any evidence of Hermorrhoids\_\_\_\_\_

(h)    Urine\_\_\_\_\_ Albumin\_\_\_\_\_ Sugar\_\_\_\_\_

(i) Any observation defects in addition to general record of observation.

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(j) Blook Khan Test\_\_\_\_\_

(k) Any other observation of importance\_\_\_\_\_

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Name:\_\_\_\_\_

Signature\_\_\_\_\_

Date:\_\_\_\_\_

Address:\_\_\_\_\_

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Rubber Stamp\_\_\_\_\_

**PART III**

(To be completed at the University)

**SPECIAL REMARKS**

Fit/Unfit for University Education

Is/is not on treatment at present

**DATE:**\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_

**OFFICE OF THE DEAN OF STUDENTS**

**Machakos University**