

If the answer to any of the above is YES, please give details and dates.

- (c) If there are any relevant details of your medical history not covered by the above questions, please give particulars.

Date: Signature:

PART II

(To be completed by examination officer)

- a) Vision.....
- b) Hearing
- c) Circulatory pressure systolic diastolic
- Random blood sugar Hb level
- Blood group Urine chemistry
- d) Chest exam (to include x - ray and report)
- e) Is the student on any treatment?
- If so, give details
- f) Any other observations of importance

Name of examining doctor (from a Government Hospital from a registered

Medical Officer

Signature Official stamp.....

NOTE (Private admission are paid by the parent / guardian)

Form to be filled at least one week before reporting date.

PART III

(To be completed by Egerton University Medical Officer)

Special remarks

Is the student fit for University education? YES / NO

Date Signature.....

CHIEF MEDICAL OFFICER