



GREAT LAKES UNIVERSITY OF KISUMU IS A CENTRE OF EXCELLENCE

STUDENTS 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 examines a student and 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 I:

SURNAME _____ OTHER NAMES _____

DATE OF BIRTH _____ SEX _____

NATIONALITY _____ COUNTY _____

RELIGION _____ SINGLE/MARRIED _____

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

NEXT OF KIN _____

Have you ever been admitted into a hospital? _____

If so, state reason for admission and date: _____

Have you had any of the following illnesses?

Tuberculosis or other chest infection Yes/No _____

Fits, Nervous disease or fainting Attacks Yes/No _____



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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 _____

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, please give particulars.

Has any member of your family suffered from:

(i) Tuberculosis Yes/No _____

(ii) Insanity or mental illness Yes/No _____

(iii) Diabetes Mellitus Yes/No _____

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

(i) Small pox Yes/No _____ Date _____

(ii) Tetanus Yes/No _____ Date _____

(iii) Poliomyelitis Yes/No _____ Date _____

Student's signature _____



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PART II (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 _____

Circulatory System _____

Blood pressure _____ Pulse _____

Systolic _____ Diastolic _____

(f) Respiratory system _____

X-ray chest if necessary _____

(g) Abdomen _____

Spleen _____

Any Evidence of Hernia _____



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(h) Urine _____ Albumin _____ Sugar _____

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

Blood Khan Test _____

(j) Any other observation of importance _____

Date _____ Signature _____

Address _____

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 _____

**SENIOR MEDICAL OFFICER
GREAT LAKES UNIVERSITY OF KISUMU**