



KIBU/4

KIBABII UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

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ENTRANCE MEDICAL EXAMINATION

IMPORTANT

- Students must complete Part I of this Form, Part II, must be completed by a Registered and Licensed Medical Practitioner at a recognized Government, Private, or Faith based Hospital. The completed Form should be scanned in PDF format as one running document (**with the student photo attached**), named using student registration number provided on student's admission letter e.g. (EDA/1900/25) and sent to the following email address, **fourteen (14) days before date of admission** (emr@kibu.ac.ke).
- Typhoid Vaccination** will be administered to all new students at the University Hospital upon completion of admission process.

PART I

Name:.....
(Surname) First Name Other name

Date and place of birthSexNationality.....Race.....

Religion..... Marital status.....

Faculty/School/Centre.....Registration Number.....

Name, Address, and Telephone Number of Parent/Guardian/Next of Kin.....

Have you ever, been admitted to a hospital?If so, state reason for admission and date.....

(a) Have you had any of the following illness?:

(i)	Tuberculosis or other chest infection?	Yes/No.....	(vi)	Allergies to food or drugs?	Yes/No.....
(ii)	Fits, Nervous disease or fainting attacks?	Yes/No.....	(vii)	Malaria?	Yes/No.....
(iii)	Heart disease or Rheumatic fever?	Yes/No.....	(viii)	Sexually Transmitted Disease?	Yes/No.....
(iv)	Any disease of the digestive system?	Yes/No.....	(ix)	Poliomyelitis?	Yes/No.....
(v)	Any disease of Genito Urinary System?	Yes/No.....			

If the answer to any of the above is Yes. Please give details with dates.....
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If there are any other relevant details of your medical history not covered by the above questions, please give particulars.....

(b) Has any member of your family suffered from:

(i)	Tuberculosis?	Yes/No.....	(iii)	Diabetes Mellitus?	Yes/No.....
(ii)	Insanity or Mental illness?	Yes/No.....	(iv)	Heart disease?	Yes/No.....

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

(i)	Smallpox?	Date.....	(iv)	Typhoid?	Date.....
(ii)	Tetanus?	Date.....	(v)	Hepatitis B?	Date.....
(iii)	Tuberculosis?	Date.....			

Signature of Student:..... Date:.....

PART II

(To be completed by the examining Medical Officer or Clinical 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.....

Pulse.....

Blood Pressure.....Systolic.....Diastolic.....

(f) Respiratory System.....

(g) Abdomen.....

Spleen.....

Any evidence of Hernia.....

Any evidence of Hemorrhoids.....



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(h) Urine...SG.....Albumin.....Sugar.....

(i) Any observable physical defects in addition to general record of observation:

If any please specify.....

(j) Is the student on any treatment?

If any please specify.....

(k) Blood Khan Test / VDRL.....

(l) Any other important and relevant findings.....

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MEDICAL OFFICER'S OR CLINICAL OFFICER'S Name:

KMPDC Reg No.:.....Current Practicing Licence No:.....

OR

COC Reg.No.....Current Practicing Licence No:.....

Stamp and Date



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