



MASENO UNIVERSITY
OFFICE OF THE REGISTRAR – ACADEMIC AFFAIRS

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MASENO-Kenya

STUDENT ENTRANCE MEDICAL EXAMINATION

Admission Reg. No _____

IMPORTANT

Students are requested to complete part I of this form. The Medical Officer examining the student should complete part II. The completed form should be forwarded to the **Deputy Registrar, Academic Affairs, Maseno University P.O Box 333 MASENO 40105** or **dropped off at the eLearning Centre, Kisumu City Campus College alongside other admission documents.**

PART I (To be filled by Student)

a) Surname: _____ Other Names _____

Date and Place of Birth _____

Nationality _____

Faculty _____

Single/Married _____

Name, Address and Telephone number of Parent/Guardian/Next of Kin

b) Have you ever been in an in-patient hospital or nursing home? YES/NO: _____.

If so, when and for what complaints?

c) Have you suffered from or had symptoms of any of the following (Delete as necessary).

- i. Tuberculosis or other chest infection YES/NO
- ii. Fits, Nervous disease or fainting attacks YES/NO
- iii. Heart Disease or Rheumatic fever YES/NO
- iv. Any diseases of the digestive system YES/NO
- v. Any disease of the Genito-Urinary System YES/NO
- vi. Allergies to food or drugs YES/NO
- vii. Malaria YES/NO
- viii. Sexually Transmitted Disease YES/NO
- ix. Poliomyelitis YES/NO
- x. Any physical defect or deformity YES/NO
- xi. Any disease not mentioned above YES/NO
(If YES, specify)

If the answer to any of the above is yes, please give details with dates.

d) Are there any relevant details of your Medical History not covered by the above questions? YES/NO

If yes, 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
- iv. Heart Diseases? YES/NO

f) Have you been immunized against the following diseases?

- i. Smallpox _____ YES/NO Date _____
- ii. Tetanus _____ YES/NO Date _____
- iii. Poliomyelitis _____ YES/NO Date _____

Signature of Students _____ Date _____

PART II (To be filled by examining Medical Officer)

a. Height _____ Weight _____

b. VISUAL ACUITY

Without glasses R.6/ _____ 1.6/ _____

With glasses R.6/ _____ 1.6/ _____

c. Hearing Right ear _____ Left Ear _____

d. Condition of:

Teeth _____ Throat _____

Ears _____ Lymphatic Glands _____

Nose _____

e. CIRCULATORY SYSTEM

Pulse _____

Examining Doctor: _____

Signature & Rubber Stamp: _____ Date ____/____/____