OUR REF: KUC/R&T/MED/001

KABARNET UNIVERSITY COLLEGE

MEDICAL EXAMINATION FORM ON FIRST APPOINTMENT

1. NAME……
2. ADDRESS…….
3. APPOINTMENT OFFERED……..……..
4. NATURE OF WORK FOR THE LAST FIVE (5) YEARS……..
5. DATE OF BIRTH……..HEIGHT……WEIGHT……
6. CARDIOVASCULAR SYSTEM

    i. Blood Pressure (Lying down)…….…….Systolic)
    ii. Diastolic…….
    iii. Apex Beat……...
    iv. Pulse rate……
    v. Ausculation……
    vi. HB (if possible)……
    vii. Variscose Veins…….

7. RESPIRATION SYSTEM

    i. Upper respiratory tract……...
    ii. Expansion (inches)…….
    iii. Ausculation……
    iv. X-Ray…….....

8. ALIMENTARY SYSTEM

    i. Spleen…….
    ii. Liver……...
    iii. Hernia……

iv. Other abnormality……..

9. GENITO-URINARY SYSTEM

i. Urine……Sp……..Albumin……Sugar…….

10. GENERAL NERVOUS SYSTEM

i. Fundi……..
ii. Vision R…….
iii. Hearing (Whispered Voice) R……...
iv. Tone and Power…….
v. Reflexes …….....

11. GIVE DETAILS OF ANY OTHER HISTORY OF DISEASES, ACCIDENT OR ABNORMALITY

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12. IS THE CANDIDATE FIT AND HEALTH FOR HIS/HER AGE?

(If any has been discovered, please comment on its likely effect on the examinee's health and fitness for the proposed appointment)…….

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13. PLEASE COMMENT BELOW ON ANY MATTERS WHICH SHOULD BE CONSIDERED PERTINENT TO THIS EXAMINATION AND SEND THE INFORMATION TO:

THE DEPUTY PRINCIPAL, ADMINISTRATION, PLANNING & FINANCE,
KABARNET UNIVERSITY COLLEGE,
P.O. BOX 3900-30100,
ELDORET

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……
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Medical Officer's Name in block capitals……
Signature ……..
Address …….
Phone number……
Date & official Stamp……

FOR USE OF MEDICAL OFFICER OF HEALTH

Acceptable/Not Acceptable
Medical Officer of Health
Date…….