



Mental illness YES/NO

Asthma

If the answer to any of the above is yes, please give details and dates:

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- (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 the **examining officer**)

- a) Vision .....
- b) Hearing .....
- c) Circulatory pressure ..... systolic ..... diastolic .....  
Random blood sugar ..... Hb level.....  
Blood group ..... Urine chemistry .....
- d) Chest exam (**to include chest 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 or from a registered Medical Officer) .....

Signature ..... Official stamp .....

**NOTE:**

Students with Chronic illnesses to register at the Medical Department.  
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**