

**MOI UNIVERSITY
STUDENTS ENTRANCE MEDICAL EXAMINATION**

IMPORTANT:

Student is requested to complete part I of this Form, part II should be completed by the Medical Officer examining the student. The completed form should be forwarded to the Medical Officer, Moi University, P.O. Box 3900, ELDORET.

PART I

(c) Student's Surname _____

 (Other Names)
 Date and place of Birth _____
 Nationality _____ Gender _____
 Admission No: _____ Phone No _____
 School _____ Email address _____
 Single/Married _____
 Name, Address and Telephone Number of Parent/Guardian/Next of Kin _____

(d) Have you ever been admitted into a hospital

 If so, state reason for admission and date

(e) Have you had any of the following illnesses? (Delete as necessary)
 Tuberculosis or other chest infection?.....Yes/No
 Fits, Nervous disease or fainting attack.....Yes/No
 Heart Disease or Rheumatic Fever.....Yes/No
 Any disease of the Digestive system.....Yes/No
 Allergies to food or drugs.....Yes/No
 Malaria.....Yes/No
 Sexually Transmitted diseases.....Yes/No
 Poliomyelitis.....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 questions, please give particulars.

- (f) 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 Disease.....Yes/No
- (g) Have you been immunized against any of the following diseases:-
- (i) Small pox.....Yes/No
 - (ii) Tetanus..... Yes/No
 - (iii) Poliomyelitis..... Yes/No

Signature of Student _____

Date _____

PART II (To be completed by the Examining Medical Officer)

- (a) Height _____ weight _____
- (b) VISUAL ACUITY
- | | | |
|-----------------|-----|-----|
| Without glasses | | |
| With glasses | R.6 | L.6 |
| With glasses | R.6 | L.6 |
- (c) Hearing: Right Ear _____ Left Ear _____
- (d) Condition of:
- Teeth _____ Throat _____
- Ears _____ Lymphatic glands _____
- Nose _____
- (e) Circulatory system:
- Pulse _____
- Heart _____
- Blood pressure: Systolic _____ Diastolic _____
- (f) Respiratory system
- Chest X-Ray (optional depending on Clinical findings)
- _____
- (g) Abdomen; any palpable masses – physiological or pathological?
- Liver _____
- Spleen _____
- Uterus _____ L.M.P _____
- (h) Urine: Albumin _____ Sugar _____
- (i) Is the student on any treatment?
 - (ii) Any other observation of importance

Name of Medical Officer _____

PART III

(To be completed by MOI University Medical Doctor, after the student has registered with the University)

Special Remarks

Is the student fit for University Education _____ Yes/No

Date _____

University Doctor _____

(NAME)

Signature _____