



**REF: 2302E**

**KISUMU POLYTECHNIC**

**FORM: KSP//MED/1**

**MEDICAL REPORT ON AN APPLICANT FOR ADMISSION TO A COURSE AT THE POLYTECHNIC**

**PART I:** To be completed by a Registered Medical Officer, FAILURE TO DISCLOSE Medical history in full may lead to rejection of the applicant for admission to a course.

**A** Full name and permanent address (in Block Letters)  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**B** Medical Situation/History

- |                          |       |                                 |       |
|--------------------------|-------|---------------------------------|-------|
| 1. Tuberculosis          | _____ | 16. Epilepsy                    | _____ |
| 2. Pneumonia             | _____ | 17. Nervous Breakdown           | _____ |
| 3. Pleurisy              | _____ | 18. Psychiatric                 | _____ |
| 4. Asthma                | _____ | 19. Eye Disorder                | _____ |
| 5. Rheumatic             | _____ | 20. Ear, nose & throat disorder | _____ |
| 6. Allergic disorder     | _____ | 21. Skin disease                | _____ |
| 7. Heart disease         | _____ | 22. Sickle Cell                 | _____ |
| 9. Recurrent Indigestion | _____ | 24. Tropical disease/malaria    | _____ |
| 10 Jaundice              | _____ | 25. Operations                  | _____ |
| 11 Kidney disorder       | _____ | 26. Serious accidents           | _____ |
| 12 Varicose veins        | _____ | 27. Any other serious disorder  | _____ |
| 13 Rapture               | _____ | 28. Neurological disorder/polio | _____ |
| 14 Diabetes              | _____ |                                 |       |
| 15 Dysentery             | _____ |                                 |       |

**C** If any question above is answered Yes, please give the following:-

(a) Year	(b) Treatment Received	(c) Any Recurrences OR Lasting Effects

**PART 2: Medical Examiners Report (Additional)**

*Important: The objective of the examinations is to determine whether the candidate is physically and fit to undertake a course of study or training at the Polytechnic subject to the pressure of the new learning environment.*

**YOUR OPINION IS CONFIDENTIAL TO THE POLYTECHNIC AND SHOULD NOT BE DISCUSSED BY THE CANDIDATE.**

SIGNATURE ..... DATE .....

**OFFICIAL STAMP**

Enter finding below. Amplify if necessary in (H) below.

A	General appearance consistent with state	Yes/No	D	Respiratory system	
	Age			Chest movement	
	Health			Breath sounds	
	Weight			Alimentary system	
	Urinalysis SG			Abdomen liver	
	Sugar			Spleen	
	Alburnen Deposit	BL		Hernia sites	
	Eyes VA			Reproductive system	
	Ears acuity			Menstrual History	
	Nose & Throat			WR	
	Teeth			VDBL	
	Locomotor System			Kleir	
	Upper limbs			Central Nervous System	
	Lower Limbs			Psychiatric assessment	
	Cardiovascular System			Reflexes	
	Pulse rate			Others not covered above	
	Condition of arteries				
	Fungi				
	Heart size (AB)				
	BP				

PLEASE COMMENT ON SIGNIFICANT MEDICAL HISTORY

a). Specify any current medical treatment \_\_\_\_\_

b). Is the candidate likely to need further treatment at the Polytechnic? \_\_\_\_\_

Do you consider the applicant fit to undertake the proposed course of study or training?

\_\_\_\_\_

Signature of Examination Doctor \_\_\_\_\_

Name in block letters and Medical qualifications \_\_\_\_\_

Address \_\_\_\_\_