



REF: 2302 C

THE KISUMU NATIONAL POLYTECHNIC

FORM: TKNP//MED/1

TRAINEE'S MEDICAL REPORT

PART I: To be completed by a Registered Medical Officer, operating in a Public Hospital. FAILURE BY TRAINEE TO DISCLOSE medical history in full may lead to him/her losing the right to admission.

A. Name (Block letters) _____

Sex _____ Date of Birth _____ Address _____

B Medical Situation/History

- | | | | |
|---------------------------|-------|---------------------------------|-------|
| 1. Tuberculosis | _____ | 16. Epilepsy | _____ |
| 2. Pneumonia | _____ | 7. 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 | _____ |
| 8. Gastric/Duodenal ulcer | _____ | 23. Gynecological disorder | _____ |
| 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

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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 learning environment.

SIGNATURE **OFFICIAL STAMP** **DATE**

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

Please comment on significant medical history

- a). Specify any current medical treatment _____
- b). Is the candidate likely to need further treatment at the Polytechnic? _____
- c). Do you consider the applicant fit to undertake the proposed training? _____
- d). Doctor's Name. _____ Sign _____
- e) License No. _____

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