



**MERU UNIVERSITY OF TECHNOLOGY**

**SCIENCE AND**

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REG. NO.....

**STUDENTS MEDICAL EXAMINATION  
MANDATORY**

Students are requested to complete **Part 1** of this Form **Part II** should be completed by the medical Officer examining the Student. The completed Form should be brought personally and presented to the Medical Registration officers on the day of Registration by the Student. **No medical reports should be brought earlier or sent by post**

**PART 1**

- a) Surname.....Other Names.....  
 Date and place of Birth..... Nationality.....  
 Race..... Religion.....  
 Faculty / school / Institute..... Marital Status.....  
 Name, Address and Telephone Number of Parent / Guardian / Next - of – Kin.....  
 .....
- b) Have you ever been admitted into a Hospital? .....  
 If so, state reason for admission and date.....  
 .....
- c) Do you have any of the following symptoms?  
 i) Cough  
 ii) Night sweats  
 iii) Loss of weight  
 iv) Difficulties in breathing
- d) Have you had any of the following illnesses?  
 i) Tuberculosis or other chest infection? Yes/No  
 ii) Fits, nervous disease or fainting attacks? Yes/No  
 iii) Heart disease or Rheumatic fever? Yes / No  
 iv) Any disease of the digestive system? Yes/No  
 v) Any disease of Genital urinary system? Yes / No  
 vi) Allergies to food or drugs? Yes/No  
 vii) Malaria? Yes/No  
 viii) Sexual transmitted disease? Yes / No  
 ix) Poliomyelitis? Yes/No

If the answer to any of the above is yes, please give details with dates.....

If there are any relevant details of your medical history not covered by the above questions, please give particulars.....

- e) Has any member of your family suffered from
  - i) Tuberculosis Yes / No
  - ii) Insanity of mental illness? Yes / No
  - iii) Diabetes Mellitus? Yes / No
  - iv) Heart Disease? Yes / No
- f) Have you been immunized against all childhood vaccine- preventable diseases?

**PART II**

**(To be completed by the Examining Medical Officer)**

- a) Height.....Weight.....
- b) Visual Acuity:
  - Without Glasses            R. /6 ..... L. /6.....
  - With Glasses                R. /6..... L. /6.....
- c) Hearing:                    Right ear.....left ear.....
- d) Condition of:
  - Teeth: .....
  - Nose.....
  - Throat .....
- e) Lymphatic glands .....  
Circulatory system.....  
Pulse.....  
Blood pressure.....
- f) Respiratory system.....  
.....
- g) Abdomen .....  
Spleen.....  
Any evidence of Hernia.....  
Any evidence of Hemorrhoids .....
- h) Urine.....albumin.....sugar.....
- i) Any observable physical defects in addition to general records of observation:  
If any, please specify.....
- j) Is the student on any treatment? .....  
If any, please specify.....
- k) Blood Khan Test.....
- l) Any other observation of importance.....  
.....  
.....

Date: .....

Medical Officer

Address:.....

Stamp. ....

**PART III**

**(To be completed by the University Medical Officer)**

Special Remarks.....  
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Is the Student fit for University Education? Yes / No

Date: ..... ..

Medical Officer