

**TAITA TAVETA UNIVERSITY****Office of the Registrar (Academic, Research and Outreach)**

P.O. BOX 635-80300 – Voi; Mobile: 07222781577

Email: registrar-aro@ttu.ac.ke; Website: www.ttu.ac.ke

Registration Number:.....

STUDENTS MEDICAL ENTRANCE EXAMINATION**IMPORTANT**

Students are 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 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 I

a) Surname..... Other Names

Date and Place of Birth.....Sex..... Nationality

School 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) 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 digestive system? Yes/No
- v. Any disease of Genito urinary System? Yes/No
- vi. Allergies to food or drugs? Yes/No
- vii. Malaria? Yes/No
- viii. Sexually transmitted diseases? Yes/No
- ix. Poliomyelitis? Yes/No

If the answer to any is Yes, please give details dates

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d) 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 or mental illness? Yes/No
- iii. Diabetes Mellitus? Yes/No
- iv. Heart Disease? Yes/No

f) Have you been immunized against any of the following diseases:

- i. Smallpox? Yes/No Date:.....
- ii. Tetanus? Yes/No Date:.....
- iii. Poliomyelitis? Yes/No Date:.....

j) Do you have any Medical /NHIF Insurance cover?

Yes No

If Yes, kindly attach the copy to be submitted to the Medical Officer at the university.

PART II

(To be completed by 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 Systolic..... Diastolic

f) Respiratory System

X- ray Chest

(THE STUDENT TO BE GIVEN THE CHEST X-RAY FILM TO BRING TO THE
UNIVERSITY MEDICAL OFFICER DURING REGISTRATION)

g) Abdomen

Spleen

Any evidence of Hernia

Any evidence of Haemorrhoids

h) Urine Albumin Sugar

i) Any observable physical defects in addition to general record 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

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Date:.....

Medical Officer

Address:.....

Signature and 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

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Medical Officer

For T.T.U