

PEEPAL MEDICAL TRAINING COLLEGE

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MEDICAL EXAMINATION FORM

PART I: TO BE COMPLETED BY THE PERSON BEING EXAMINED

Surname: _____ Middle Name: _____ First Name: _____

Date of Birth: ___ / ___ / ____ Gender (Tick): Male Female

Next of kin: _____ Relationship: _____ Tel: _____

Have you ever been admitted in a hospital or undergone an operation? Yes No

If YES above, please state reason for admission and date:

PART II: TO BE COMPLETED BY THE MEDICAL OFFICER EXAMINING THE STUDENT

Tuberculosis YES / NO

Seizures/Fainting/Fits YES / NO

Typhoid YES / NO

Heart disease or rheumatic fever YES / NO

Gastric or Duodenal Ulcers YES / NO

Fractures or dislocations YES / NO

Food allergy YES / NO

Drug allergy YES / NO

Any chronic illness (Diabetes, Hypertension etc.) YES / NO

If YES to any of the above, explain when and how it was treated:

PART III: PHYSICAL EXAMINATION

1. Height (in CM) _____ Weight _____ B.P _____ Pulse _____

2. Gait _____ Posture _____

3. Chest Exam _____ Abdominal Exam _____

4. CVS exam _____ MSK exam _____

5. Visual Acuity: Without Glasses: R ___ L ___ With Glasses: R ___ L ___

6. Hearing: Right ear _____ Left ear _____

7. Teeth _____

8. Lymphatic Glands _____

PART IV: LABORATORY TESTS

1. Urinalysis _____

2. Pregnancy Test _____ L.M.P _____

I declare that I have examined the above student and he/she is fit to join College. Yes [] No []

Name of Officer: _____ Designation: _____

Date: _____ Signature: _____ (Stamp)

Where Divinity inspires humanity for innovation. Dedication ...