

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	<b>Document: Form</b>		<b>Ref No.: TUM/Form/RAA/011</b>
	<b>Title: MEDICAL EXAMINATION REPORT</b>		
	<b>Department: REGISTRAR ACADEMIC AFFAIRS</b>		
	<b>Issue No. 2</b>	<b>Revision No. 0</b>	<b>Date: 5th April 2018</b>

REGISTRATION NO.....

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. **NB: No medical reports should be brought earlier or sent by post.**

**PART I**

Surname:..... Other Names:.....

Date.....and Place of birth..... Sex .....

Nationality..... Religion..... Marital

Status.....

Name, Address and Telephone Number of Parent/Guardian/Next of Kin.....  
 .....  
 .....

**PART II**

*(To be completed by the Examining Medical Officer from Recognized Hospital)*

a) Have you ever been admitted into a hospital? .....

If so, state reason for admission and .date .....

.....

b) **Have you had any of the following illness?**

- 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 Genital urinary system? Yes / No.
- Allergies to food or drugs? Yes / No
- vi. Malaria? Yes / No.
- vii. Sexually transmitted disease? Yes / No
- viii. Poliomyelitis? Yes /No.

If the answer to any of the above is Yes, Please give details with dates.....

.....  
 .....

c) **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

d) **Have you been immunized against any of the following diseases?**

i). Tetanus? Yes / No ..... Date .....

ii). Poliomyelitis? Yes / No..... Date .....

e) **Have you suffered from any of the following condition:**

**i) Visual Acuity:**

Without Glasses R.6/.....L./6 ..... With Glasses

R.6/..... L./6 .....

**ii) Hearing:** Right ear..... Left ear .....

**iii) Condition of:** Teeth: ..... Nose:.....

Throat: .....

**iv) Lymphatic glands.....**

Circulation system.....

Pulse.....

Blood Pressure..... Systolic.....Diastolic.....

v) Report on Respiratory system.....

Report on CHEST X- RAY (**where necessary as per the clinical finding**)

**vi) Any observation on the following:**

Abdomen .....

Spleen.....

Evidence of Hernia.....

Evidence of Hemorrhoids.....

**vii) Any observable physical defects in addition to general record of observation:**

If any, please specify..... Is the student on any treatment? ..... If any, please specify.....

**viii) Any other observation of importance**

Date : ..... Medical Officer:.....Address:.....Stamp.....

**PART III.**

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

Special Remarks:.....

Is the student fit for the Course Admitted?      Yes / No

..... Date: .....

TUM Medical Officer

