

THARAKA

P.O BOX 193-60215,
MARIMANTI, KENYA



UNIVERSITY

Website: <https://tharaka.ac.ke>

Social Media: [tharakauni](#)

Email: info@tharaka.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

Registration No.....

IMPORTANT

1. Students are requested to complete **PART I** of this form. **PART II** should be completed by a Medical Officer from a government hospital examining the student. The completed form should be uploaded in the portal and submitted to the University Medical Officer on the reporting day.
2. Please note that any medical service that the student may require outside the University Medical Department is direct responsibility of the Parent/Guardian.

PART I

a) Name of the Student:

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First Middle Last/ Surname

Sex:.....Nationality:.....Religion:.....
...

Faculty:..... Marital Status.....

Mobile No.....

Parent/Guardian/Next of Kin

Name:

.....

Address: Mobile No. :

b) Have you ever been admitted to hospital? YES/NO:

If so, state reason for admission and date:

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c) Have you contracted any of the following illness? (Circle where appropriate)

(i) Tuberculosis of the chest infection YES / NO (ii) Fits, nervous disease or fainting attacks
YES / NO

(iii) Allergies to food or drugs YES / NO (iv) Diabetes Mellitus YES / NO

(v) Mental illness YES / NO (vi) Asthma YES / NO

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

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Date: Signature:

PART II

(To be completed by the Examination Officer)

a) Vision.....

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b) Hearing.....

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c) CirculatorySystem:

.....Pulse:

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Blood..... Pressure Systolic:

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Heart:

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d) CHEST Examination

If any problem, give details:

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e) Any other observation of importance:

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Name of Examining Doctor:

Signature: Official Stamp:

PART III (To be completed by Tharaka University Medical Officer)

Special

Remarks:

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... ..Is the student fit for University Education? YES / NO

Signature:Date:

Official Stamp: