



MNP/MED/REG/FOO4

NOTE: Applicants for entry to the institution must get this form filled/completed by the registered Doctor. PAYMENT FOR EXAMINATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT.

**STUDENT 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.....
County of Residence.....Religion.....
CourseMarital 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
- e) Have you been immunized against all childhood vaccine-preventable disease?

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 particular

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
Haemorrhoids.....
- 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.....

Medical Officer Name:

Signature: Stamp:

Address: Date:



THE MERU NATIONAL
POLYTECHNIC
Technology for Innovation & Development

EMERGENCY OPERATIONS

Name of the Student:
Registration Number:
National Registration Number (ID):
Course Accepted for:
Student phone Number:Alternative No. :
Name of the parent/Guardian: Phone No. :

Signature (trainee) Date

Approval of your parents /or guardians/ spouses is required for the Chief Principal and his Agents of the Meru National Polytechnic to give consent on their behalf for an emergency operation to be carried out on you should a situation calling for such an operation arises in addition if you are diagnosed with fits, nervous disorder or fainting attacks (epilepsy& convulsive) I do authorise the institution management to change course of the trainee to the ones with lesser risk. Parents/ or guardians are required to complete the consent form below.

FORM OF CONSENT

AGREE THAT THE CHIEF PRINCIPAL AND HIS AGENTS OF THE MERU NATIONAL POLYTECHNIC may consent to any emergency operation being performed on(Name of the trainee)

Signature (Guardian)Address.....Date.....