ALUPE UNIVERSITY
STUDENTS ENTRANCE MEDICAL EXAMINATION

IMPORTANT:

Student is 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 forwarded to the Medical Officer, Alupe University, P.O. Box 845-50400, BUSIA.

PART I

(a) Student's Surname.....

_____

(Other Names)

Date and place of Birth_____

Nationality_____Sex_____

Admission No: .....

School.....

Single/Married_____

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? (Delete as necessary)

Tuberculosis or other chest infection? ..... Yes/No
Fits, Nervous disease or fainting attacks ..... Yes/No
Heart Disease or Rheumatic Fever. ..... Yes/No
Any disease of the Digestive System ..... Yes/No
Allergies to food or drugs ..... Yes/No
Malaria ..... Yes/No
Sexually Transmitted diseases ..... Yes/No
Poliomyelitis ..... Yes/No

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

_____

_____

If there are any other - relevant details of your medical history not covered by the above questions, please give particulars.

(d) 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

(e) Have you been immunized against any of the following diseases:-

(i) Small pox ..... Yes/No
(ii) Tetanus ..... Yes/No
(iii) Poliomyelitis ..... Yes/No

Signature of Student _____

Date .....

PART II (To be completed by the Examining Medical Officer)

(a) Height _____ weight _____

(b) VISUAL ACUITY

Without glasses
With glasses R.6 L.6
With glasses R.6 L.6

(c) Hearing Right Ear Left Ear

(d) Condition of:

Teeth Throat
Ears Lymphatic glands
Nose

(e) Circulatory system:

Pulse
Heart

Blood pressure Systolic ..... Diastolic .....

(f) Respiratory system

Chest X-Ray (optional depending on Clinical findings)

_____

_____

(g) Abdomen; any palpable masses - physiological or pathological?

Liver_____

Spleen_____

Uterus..... L.M.P.....

(h) Urine: Albumin _____ Sugar _____

1. Is the sh1dent on any treatment?
11. Any other observation of importance
Name of Medical Officer

PART III

(To be completed by Alupe University Medical Doctor, after the student has registered with the University)

Special Remarks

_____

_____

_____

Is the student fit for University Education _____ Yes/No

Date_____

University Doctor_____

Name _____ Signature _____