



# RAMOGI INSTITUTE OF ADVANCED TECHNOLOGY

RIAT HILL

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## MEDICAL EXAMINATION FORM

*To Be filled by a Registered Medical Officer deployed in a Government Hospital, FAILURE TO DISCLOSE Medical history in full may lead to rejection of the applicant for admission to a course.*

### Full Name and Permanent Address of Student (in Block Letters)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

### To be Filled by Medical Officer:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Skin (Note any presence of contagious diseases e.g. ring worm): \_\_\_\_\_

Allergies: \_\_\_\_\_

### Eyes (Mandatory)

Visual acuity L.E: \_\_\_\_\_ R.E: \_\_\_\_\_

Visual Field: \_\_\_\_\_

Color blindness: \_\_\_\_\_

### Ear

Hearing Left ear: \_\_\_\_\_ Hearing right ear: \_\_\_\_\_

Impairment: \_\_\_\_\_

Any other condition: \_\_\_\_\_

### Cardiovascular System

Chest Pain: \_\_\_\_\_ Orthopnea: \_\_\_\_\_

Exertional Dysphoea: \_\_\_\_\_ Palpitations: \_\_\_\_\_

### Respiratory System

Asthma: \_\_\_\_\_ TB: \_\_\_\_\_

BCG Scar: \_\_\_\_\_

Any other special condition (Diabetes, Blood Pressure): \_\_\_\_\_

Physical Impairment: \_\_\_\_\_

### Special Requirements

Pregnancy Test (for female students): \_\_\_\_\_

HIV Test (Optional): \_\_\_\_\_

### Recommendation:

I certify that the above tests/examination(s) have been carried out and Mr./Ms. Is fit/not fit to undertake his/her studies

Name of Medical Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICAL STAMP**