



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

a. Tuberculosis of the chest infection YES / NO    b. Fits, nervous disease or fainting attacks YES / NO

c. Allergies to food or drugs YES / NO

d. Diabetes Mellitus YES / NO

e. Mental illness YES / NO

f. Asthma YES / NO

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

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

Date: ..... Signature: .....

**PART II**

(To be completed by the Examination Officer)

a) Vision: .....

b) Hearing: .....

c) Circulatory System: .....

Pulse: .....

Blood Pressure: ..... Systolic: .....

Heart: .....

d) CHEST Exam (X- ray)-Compulsory .....

If any problem, give details: .....

e) Any other observation of importance:.....

Name of Examining Doctor: .....

Signature: ..... Official Stamp: .....

**PART III**

(To be completed by Chuka University Medical Officer)

Special Remarks:

Is the student fit for University Education?

YES / NO

Signature: ..... Date: .....

Official Stamp: .....