

To fill and bring to the University  
on reporting date

CU/ADM/FORM/4

**CHUKA**



**UNIVERSITY**

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## STUDENT'S MEDICAL BIODATA FORM

Admission/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 and chest X-ray should then be submitted to the University Medical Officer on the registration day.

2. Please note that any medical service that the student may require outside the University's Medical Department is direct responsibility of the Parent/Guardian.

### PART I

a) Name of Candidate: .....

|       |        |               |
|-------|--------|---------------|
| First | Middle | Last/ Surname |
|-------|--------|---------------|

Admission/Registration No.: ..... ID NO.: .....

Gender: ..... Nationality: ..... Religion: .....

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

Mobile Number.....

### 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: .....

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:

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Is the student fit for University Education?

YES / NO

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

Official Stamp: .....