To be completed at the University Medical Centre upon reporting **CU/ADM/FORM/4**

CHUKA UNIVERSITY

Knowledge is Wealth *(Sapientiadivitiaest)* Akili ni Mali

MEDICAL DEPARTMENT

Telephones: 020-2310512/18 P. O. Box 109-60400, Chuka
Contact No:0800230009 Email: medical@chuka.ac.ke Website: www.chuka.ac.ke

STUDENT'S MEDICAL BIODATA FORM

Admission/Registration No: ……

IMPORTANT.

1. Please note that any medical services that the Student may require outside the University's Medical Department is the direct responsibility of the Parent/Guardian.

PART I.TO BE FILLED BY THE STUDENT

Name of the Student:

First: ……Middle: ……. Last/Surname: ……..…

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

Faculty: ……..…. Marital Status: …….

Mobile Number: ..…….

Parent/Guardian/Next of Kin

Name: …….…….

Address: ……. Mobile No.: ….……...

Have you ever been admitted to hospital? **YES/NO**

If so, state reason for admission and date…….

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……
……

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

……
……

Date …… Signature ……

PART II: OFFICIAL USE

Payment of **Ksh.500** medical examination fee to be confirmed and verified by Chuka University Medical Records Officer.

Verified by:

Name …….

Date…….....

PART III: STUDENT MEDICAL EXAMINATION. (OFFICIAL USE)
(TO BE COMPLETED BY CHUKA UNIVERSITY MEDICAL OFFICER)

Vision:

……
…….

Hearing:

……
……...

Circulatory System:

……
...

Pulse:

……..……
……

Blood pressure: Systolic: …… Diastolic: ……

Heart: ……

Chest examination and TB screening

……
……
……..

If any problem, give details:

……
……

Any other observation of importance

……
……

Is the student fit for University Education? **YES / NO**

Signature: ……. Date: ……..

Official Stamp:

……