

STUDENT MEDICAL EXAMINATION

PART I- Students are 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 scanned and sent with the application documents to applications@brooklyntraininginstitute.co.ke or delivered to the office.

- A. Surname Other Names.....
Date and place of BirthNationality.....
Race..... Religion.....
Faculty/School/Institute.....
Marital Status..... 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?
 - I. Tuberculosis or other chest infection? Yes / No
 - II. Fits, nervous disease or fainting attacks? Yes / No
 - III. Heat disease or Rheumatic fever? Yes / No
 - IV. Any disease of the Digestive system? Yes / No
 - V. Any disease of the Genital urinary system? Yes / No
 - VI. Allergies to food and drugs? Yes / No
 - VII. Malaria? Yes / No
 - VIII. Sexually Transmitted Disease? Yes / No

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

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

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- 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
- E. Have you been immunized against the following diseases:
 - I. Small pox? Yes / No..... Date
 - II. Tetanus? Yes /No..... Date
 - III. Poliomyelitis? Yes /No..... Date.....

PART II

- A. HeightWeight
- B. Visual Acuity
Without Glasses R.6/ L. 6/
With Glasses R. 6/ L. 6/
- C. Hearing:
Right Ear..... Left Ear
- D. Condition of:
Teeth:
Nose:
Throat:
Lymphatic glands:
- E. Circulatory system:
Blood Pressure:
Pulse:
- F. Respiratory system:
X-ray Chest (If indicated)
.....
- G. Abdomen
Spleen
Any evidence of Hernia
Any evidence of Hemorrhoids
- H. Urine albumen..... sugar
- I. Any observable physical defects in addition to general records of observation: if any, please specify.....
- J. Is the student on any treatment? If any please specify
- K. Blood Khan Test.....
- L. Any other observation of importance

Date: Medical Officer:
Address: Stamp: