

REF: 2302E

BONDO TECHNICAL TRAINING INSTITUTE



Tel. [+254] 726 634 041
Email: bondotti@yahoo.com
Website: bondotti.ac.ke
P.O. Box 377 – 40601, Bondo - Kenya



MEDICAL REPORT ON AN APPLICANT FOR ADMISSION TO A COURSE AT THE POLYTECHNIC

PART I: To be completed by a Registered Medical Officer, FAILURE TO DISCLOSE Medical history in full may lead to rejection of the applicant for admission to a course.

A Full name and permanent address (in Block Letters)
NAME _____

ADDRESS _____

Sex _____ Date of Birth _____

B Medical Situation/History

- | | | | |
|--------------------------|-------|---------------------------------|-------|
| 1. Tuberculosis | _____ | 16. Epilepsy | _____ |
| 2. Pneumonia | _____ | 17. Nervous Breakdown | _____ |
| 3. Pleurisy | _____ | 18. Psychiatric | _____ |
| 4. Asthma | _____ | 19. Eye Disorder | _____ |
| 5. Rheumatic | _____ | 20. Ear, nose & throat disorder | _____ |
| 6. Allergic disorder | _____ | 21. Skin disease | _____ |
| 7. Heart disease | _____ | 22. Sickle Cell | _____ |
| 9. Recurrent Indigestion | _____ | 24. Tropical disease/malaria | _____ |
| 10 Jaundice | _____ | 25. Operations | _____ |
| 11 Kidney disorder | _____ | 26. Serious accidents | _____ |
| 12 Varicose veins | _____ | 27. Any other serious disorder | _____ |
| 13 Rapture | _____ | 28. Neurological disorder/polio | _____ |
| 14 Diabetes | _____ | | |
| 15 Dysentery | _____ | | |

C **If any question above is answered Yes, please give the following:-**

(a) Year	(b) Treatment Received	(c) Any Recurrences OR Lasting Effects

PART 2: Medical Examiners Report (Additional)

Important: The objective of the examinations is to determine whether the candidate is physically and fit to undertake a course of study or training at the Polytechnic subject to the pressure of the new learning environment.

YOUR OPINION IS CONFIDENTIAL TO THE POLYTECHNIC AND SHOULD NOT BE DISCUSSED BY THE CANDIDATE.

SIGNATURE DATE

OFFICIAL STAMP

Enter finding below. Amplify if necessary in (H) below.

<p>A</p>	<p>General appearance consistent with state Age Health Weight Urinalysis SG Sugar Alburnen Deposit</p> <p>Eyes VA Ears acuity Nose & Throat Teeth Locomotor System Upper limbs Lower Limbs Cardiovascular System Pulse rate Condition of arteries Fungi Heart size (AB) BP</p>	<p><i>Yes/No</i></p> <p>BL</p>	<p>D</p>	<p>Respiratory system</p> <p>Chest movement Breath sounds</p> <p>Alimentary system Abdomen liver Spleen Hernia sites</p> <p>Reproductive system Menstrual History WR VDBL Kleir</p> <p>Central Nervous System Psychiatric assessment</p> <p>Reflexes</p> <p>Others not covered above</p>	
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PLEASE COMMENT ON SIGNIFICANT MEDICAL HISTORY

a). Specify any current medical treatment _____

b). Is the candidate likely to need further treatment at the Polytechnic? _____

Do you consider the applicant fit to undertake the proposed course of study or training?

Signature of Examination Doctor _____

Name in block letters and Medical qualifications _____

Address _____