



GARISSA UNIVERSITY COLLEGE
(A Constituent College of Moi University)

OFFICE OF THE REGISTRAR ACADEMIC AND STUDENT AFFAIRS

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P.O. Box 1801
Garissa
Kenya

Students' Medical Entrance Examination

IMPORTANT

Students are requested to complete part I of this form while part II **SHOULD BE COMPLETED BY THE MEDICAL OFFICER** examining the student. The completed form should be forwarded to Deputy Principal, Finance, Administration and Finance, Garissa University College, P. O. Box 1801, Garissa.

PART I

Surname.....Other names..... Admission No.....
Date and place of Birth _____ Sex.....
Nationality _____
Faculty _____

Single/Married _____

Name, Address and Telephone Number of Parent/ Guardian/ Next of Kin

.....
.....
.....

(a) Have you ever been admitted into a hospital

If so state, state reason for admission and date

© Have you had any of the following illnesses? (Tick as appropriate)

Tuberculosis or other chest infection _____ Yes/No

Fits, nervous disease or fainting attacks _____ Yes/No

Heart Disease or Rheumatic Fever _____ Yes/No

Any allergies to food or drugs _____ Yes/No

Malaria _____ Yes/No

Sexually transmitted diseases _____ Yes/No

Poliomyelitis _____ Yes/No

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

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

(d) Have any members of your family suffered from:

- (i) Tuberculosis _____ Yes/ No
 (ii) Insanity or mental illness _____ Yes/ No
 (iii) Diabetes Mellitus _____ Yes/ No
 (iv) Heart Disease _____ Yes/ No

(e) Have you been immunized against any of the following diseases:-

- (i) Small pox _____ Yes/ No
 (ii) Tetanus _____ Yes/ No
 (iii) Poliomyelitis _____ Yes/ No

(e) Indicate any special medical condition(s) that you might be having that GUC should know about

Signature of Student _____ Date _____

PART II (To be completed by the Examining Medical Officer)

(a) Height _____
 Weight _____

(b) Visual Acuity
 Without glasses

With glasses R. 6 L.6

© Hearing Right Ear Left Ear

(d) Condition of:

Teeth

Throat

Ears

Lymphatic glands

Nose

(e) Circulatory System:

Pulse

Heart

Blood pressure

Systolic _____

Diastolic _____

(f) Respiratory system, chest X-Ray (optional on clinical finding)

(g) Abdomen; any palpable masses-physiological or pathological?

Liver _____

Spleen

Uterus _____

LMP _____

(h) Urine: Albumin _____

Sugar _____

(i) Is the student on treatment

(j) Any other observation of importance _____

Name of Officer

Signature _____ Date _____

PART III

(To be completed by Garissa University College Medical Officer, after the student has registered with the college)

Special Remarks

Is the student fit for University Education? _____
Yes/No

Date _____

GUC Medical Officer _____

(Name)

Signature _____