



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

Tel. 057-2501804
email: racademic@jooust.ac.ke

P.O. BOX 210 - 40601
BONDO

Date: _____

Our Ref:
Your Ref:

STUDENT ENTRANCE MEDICAL EXAMINATION

Admission Number: _____

IMPORTANT

Students are requested to complete part 1 of this form. The Medical Officer examining the student should complete part II. The completed form should be forwarded to the Registrar, Academic Affairs, JaramogiOgingaOdinga University of Science and Technology, P. O. Box 210 – 40601 BONDO

PART I

(a) Surname: _____ OtherNames: _____
Date of Birth: _____ Place of Birth _____
Age: _____ Nationality _____
Single/Married: _____
Faculty: _____

Name, address and telephone number of parent/guardian/next of kin.

(b) Have you ever been in an in-patient hospital or nursing home? YES/NO. If so when and for what complaints?

(c) Have you suffered from or had symptoms of any of the following? (Delete as necessary)

| | |
|---|--------|
| Tuberculosis or other chest infection | YES/NO |
| Fits, Nervous disease or fainting attacks | YES/NO |
| Heart disease or Rheumatic fever | YES/NO |
| Any disease of the genitor-urinary system | YES/NO |
| Allergies to food or drugs | YES/NO |
| Malaria | YES/NO |
| Sexually transmitted disease | YES/NO |
| Poliomyelitis | YES/NO |
| Epileptic Attack | YES/NO |
| Any physical defect or deformity | YES/NO |
| Any disease not mentioned above | YES/NO |

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

(d) Is there any other relevant detail of your medical history not covered by the above questions? YES/NO. If yes, please give particulars.

(e) Has any member of your family suffered from?

- | | |
|----------------------------------|--------|
| (i) Tuberculosis | YES/NO |
| (ii) Insanity or Medical illness | YES/NO |
| (iii) Diabetes mellitus | YES/NO |
| (iv) Heart Disease | YES/NO |

(f) Have you been immunized against the following diseases?

- | | | |
|---------------------------|--------|-------------|
| (i) Smallpox _____ | YES/NO | Date: _____ |
| (ii) Tetanus _____ | YES/NO | Date: _____ |
| (iii) Poliomyelitis _____ | YES/NO | Date: _____ |

Signature of Student: _____

Date: _____

