



OMUGA TECHNICAL AND VOCATIONAL COLLEGE

P. O. BOX 267 – 40223,
KADONGO.

PHONE: +254- 745 628 390/ 756595226

EMAIL : info@omugatvc.ac.ke /
omugatvc@gmail.com

WEBSITE: www.omugatvc.ac.ke

OFFICE OF THE D/PRINCIPAL-ADMINISTRATION AND STUDENTS' AFFAIRS

TRAINEE'S ENTRANCE MEDICAL EXAMINATION

IMPORTANT

The student is required to complete part I of this form. Part II of the form should be completed by a registered medical officer examining the student while part III would be filled by the college medical officer. The student should personally bring and hand over the completed form to the college medical Registration officers on the day of registration.

Part 1

a) Trainee Personal Details.

FIRST NAME: ----- MIDDLE NAME: ----- SURNAME: -----

ADM NO: ----- COURSE: -----

DATE OF BIRTH: -----/-----/----- PLACE OF BIRTH (COUNTY): -----

SEX: ----- NATIONALITY: ----- REGION: -----

MARITAL STATUS: ----- SPOUSE'S NAME: -----

NAME, ADDRESS AND PHONE NO OF PARENT/ GUARDIAN/ SPONSOR: -----

MEDICAL COVER NO (PERSONAL/ PARENTS): ----- (Attach copy)

b) Have you ever been admitted into a Hospital? YES NO

IF YES, State the date and reason for admission: -----

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) Any disease of the digestive system? YES NO

iv) Heart disease or Rheumatic fever? YES NO

v) Allergies to food or drugs YES NO

vi) Sexually transmitted disease? YES NO

vii) Any disease of Genitor Urinary system? YES NO

viii) Insanity or mental illness? YES NO

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

- d) Has any member of your family suffered from:
- i. Tuberculosis? YES NO
 - ii. Insanity or mental illness? Yes NO
 - iii. Heart disease? YES NO
 - iv. Diabetes Mellitus? YES NO
- e) Explain other relevant details of your medical history not covered by the above questions: ---

Part II

- a) Height ----- weight -----
- 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: -----
- e) Lymphatic glands
 Circulatory system: -----
 Pulse: -----
 Blood pressure: ----- systolic: ----- Diastolic: -----
- f) Respiratory system: -----
- g) Urine: ----- Albumin: ----- Sugar: -----
- h) Any observable physical defects in addition to general record of observation: -----

- i) Is the student on any treatment?
 If any, please specify: -----

- j) Any other relevant observation/ comment: -----

Medical officer's Name: -----

Signature: ----- Date: ----- Stamp: -----

Part III

Is the trainee fit for the college education? YES NO

Special remarks: -----

College medical officer's name: -----

Signature: ----- Date: ----- Stamp: -----