



**ALUPE UNIVERSITY COLLEGE
STUDENTS ENTRANCE MEDICAL EXAMINATION**

IMPORTANT:

Student is 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 forwarded to the Medical Officer, Alupe University College, P.O. Box 845-50400, BUSIA.

PART I

(a) Student's Surname _____

(Other Names)

Date and place of Birth _____

Nationality _____ Sex _____

Admission No: _____

School _____

Single/Married _____

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? (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 Digestive System..... Yes/No
- 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
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If there are any other – relevant details of your medical history not covered by the above questions, please give particulars.

- (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
- (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

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
- With glasses R.6 L.6
- (c) 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 depending on Clinical findings)

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

Liver _____

Spleen _____

Uterus _____ L.M.P _____

(h) Urine: Albumin _____ Sugar _____

- i. Is the student on any treatment?
- ii. Any other observation of importance
Name of Medical Officer

PART III

(To be completed by Alupe University College Medical Doctor, after the student has registered with the University College)

Special Remarks

Is the student fit for University Education _____ Yes/No

Date _____

University College Doctor _____

Name _____ Signature _____