

KIHARU TECHNICAL AND VOCATIONAL COLLEGE
PO BOX 29-10200 MURANG'A TEL 0720-657-630

MEDICAL EXAMINATION FORM

NAME _____

ADDRESS _____

Every student is asked to bring this report from a medical officer of health (Government) after examination.

1. Eyes and vision

Unaided	Right	left
Colour blind	Right	left
Visual field	Right	left

2. Hearing Right left

3. CHEST Heart lungs

With special reference to any tubercular tendencies

4. Spinal column

5. Urine

6. Spleen


Biles and varicose vain

7. any other weaknesses ,defect or disease E.g. defects of speech ,other disorders,STD diseases ,Etc,P.U,DU ,Diabetes .

State whether an R 1 treatment or any barium meal done

8. General Observation

NB// SIGNATURE OFFICIAL STAMP


DANIEL .K. WAHUNGU
PRINCIPAL/BOG SECRETARY

**KIHARU TECHNICAL AND
VOCATIONAL COLLEGE
PRINCIPAL**
DATE.....
**P. O. Box 29-10200,
MURANG'A**