



The Kiambu National Polytechnic

P.O Box 414-00900 Kiambu

Tel 020 3522550, 0727807713, 0734207663

Email principal@kist.ac.ke



KIST/ADM/F006B

TO:

Date:

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RE: MEDICAL EXAMINATION

As you have been advised separately, you have been selected to join this Institute for a course of training. As a condition of admission, you are required to present yourself at any **GOVERNMENT HOSPITAL** for a medical examination. Medical certificate from Private surgeries and dispensaries will not be acceptable.

After the form is signed, keep it safely and bring it with you on the admission day. It is emphasized that you will not be admitted to this Institute without the form signed and stamped by a **Medical Officer at a Government Hospital.**

REGISTRAR
FOR: PRINCIPAL

Date:

To:
Medical Officer In-charge,

Dear Sir,

RE:

The bearer of this form has been admitted to Kiambu National Polytechnic for a course of training. We shall be grateful if you will kindly examine the student and comment accordingly as he/she is joining a public institution.

1. Date of birth.....

2. Has the student had or is having any of the following (tick the appropriate)

- a) Any communicable disease(s) YES ☐ NO ☐
- b) Allergies YES ☐ NO ☐
- c) Epilepsy, fits, nervous disease or fainting attacks YES ☐ NO ☐
- d) Heart disease or rheumatic fever YES ☐ NO ☐
- e) Tuberculosis or other chest infection YES ☐ NO ☐
- f) Any disease of genitor-urinary system YES ☐ NO ☐
- g) Sexually transmitted diseases YES ☐ NO ☐
- h) Any disease of the digestive system YES ☐ NO ☐

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

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2. Does the student have any form of disability.....
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3. Has any member of his/her family suffered from
- a) Tuberculosis
 - b) Insanity/mental illness
 - c) Diabetes mellitus
4. Any other condition(s) likely to interfere with his/her life and studies in a public institution. **(Kindly comment for follow up action).**

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DOCTOR'S NAME.....DATE.....SIGN.....

ADDRESS AND OFFICIAL STAMP.....



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