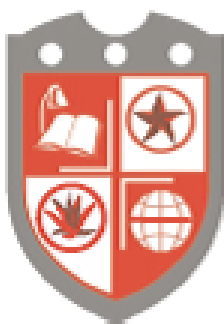


LAIKIPIA

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UNIVERSITY

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**OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS)**

MEDICAL FORM

STUDENT REGISTRATION NO:

Note:

1. Students are requested to complete Part I of this form. Part II should be completed by the Medical Officer examining the student. The completed form should then be submitted to the University Medical Officer on the registration day.
2. **ALL students are required to have an NHIF cover nominating Laikipia University Medical Centre as their preferred outpatient facility. This may be done through their parents/guardians as dependants OR as individual contributors before admission. ONLY students who are below 18 years old OR whose parents/guardians are civil servants can register as dependants while the rest have to enrol as individual contributors.**
3. A copy of the NHIF Card and National ID **MUST** be submitted on the registration day.
4. Any medical services that the student may require outside the University’s Medical Centre and the NHIF cover are a direct responsibility of the parent/guardian.

PART I

To be completed by the student

a) Bio Data:

Name:
First Middle Surname

Date of Birth: Sex:
(DD/MM/YYYY)

Name of Next of Kin: Relationship.....

Postal Address..... Telephone Number.....

b) Medical History:

i) Kindly indicate whether you or anyone in your family has ever suffered from any of the following conditions (Circle as appropriate):

Disease	Self		Family	
	Yes	No	Yes	No
Tuberculosis	Yes	No	Yes	No
Epilepsy	Yes	No	Yes	No
Mental	Yes	No	Yes	No

Vision: A University for Valued Transformation of Society

Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

Laikipia University is ISO 9001:2015 and ISO/IEC 27001:2013 Certified



Illness				
Hypertension	Yes	No	Yes	No
Diabetes Mellitus	Yes	No	Yes	No
Cancer	Yes	No	Yes	No
*Others (if any)	Yes	No	Yes	No

*If Yes, kindly give details:

.....

.....

ii) Have you ever been hospitalized? Yes No.
If yes, give details and dates and sickness/condition involved.

.....

.....

iii) Have you ever had a surgical procedure? Yes No.
If yes, give details of dates and condition involved.

.....

.....

iv) Have you ever suffered any serious accident? Yes No.
If so, give details.

.....

.....

v) Do you have any physical disability? Yes No.
If so, give details.

.....

.....

PART II
To be completed by the examining Public Health Officer

General Observations:

Height..... Weight..... BMI.....

Blood Pressure..... Pulse.....

Eye: Visual Acuity..... Pupils.....

Ears: Right..... Left.....

Nose and Throat.....

Teeth.....

Cardiovascular System:

Heart Sounds.....

Heart Murmurs.....

Blood Sugar.....

Respiratory System:

Chest (MUST include geneXpert test)

Tuberculosis or chest complains Yes No. Please give details.....

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.....
 Abdomen:
 Nervous System:
 Mental State Exam:
 Genital Exam:
 Musculoskeletal:
 Skin:
 Any other serious illness or operation Yes No. Please give details.....

DECLARATION BY THE EXAMINING PUBLIC HEALTH OFFICER

I have examined and observed that:
Name of Student

- a) He/she is fit for studies. **YES** **NO**
- b) His/her state of health will not affect their studies adversely. **YES** **NO**
- c) In case of a **NO** response in **a** and **b** above, Give details.....

Name of Public Health Officer:

Health Facility:

Signature..... **Date**.....

Official Stamp



FOR OFFICIAL USE

Recommendation by the University Medical Officer

.....

Name:

Signature: Date

Official Stamp.....

