

website:

P. O. Box 1801-70100, Garissa,

www.garissauniversity.ac.ke

## **GARISSA UNIVERSITY**

**KENYA** 

email:

## OFFICE OF THE REGISTRAR

email:

registrar\_asa@gau.ac.ke

**ACADEMICS & STUDENTS' AFFAIRS** 

admissions@gau.ac.ke

		STUDENT'S MEDICAL ENTRANCE EXAMINA	ATION	FORM Dat	e
Impor	tant:	The completed form should be forwarded to University	ty Clini	i <mark>c Office.</mark>	
PART I	(To b	pe completed by the Student)			
Name (	as per K	(CSE Cert)	Admissi	on No	
Date of	Birth	Place of Birth		<b>Gender</b> : Ma	ale [ ]Female [ ]
Nationa	ality	County Mobile	<b>N</b> o		
Faculty.		Department		Year of St	udy
Marital	Statu	s: Single [ ] Married [ ] Other			
Name		of Parer	nt [ ]/	Guardian [	]/Next of Kin [ ]
Mobile	No	Address	•••••		
(a) ⊢	łave y	ou ever been admitted into a hospital? Yes [ ] No [	]		
<b>(b)</b> If	f Yes (	(a) state DateReason			
<i>(c)</i> ⊢	łave y	you had any of the following illnesses? (Tick $oldsymbol{v}$ as appro	priate)		
	1.	Tuberculosis or other Chest Infection	,	Yes [ ] No [	]
	2.	Fits, Nervous Disease or Fainting Attacks	,	Yes [ ] No [	]
	3.	Heart Disease or Rheumatic Fever	,	Yes [ ] No [	]
		,		Yes [ ] No [	]
	5.	Malaria	Yes [	] No [ ]	
	6.	Sexually Transmitted Diseases	. Yes [	] No [ ]	
	7.	Poliomyelitis	,	Yes [ ] No [	]
<b>(d)</b> If	f the a	answer to any of the <b>(c)</b> above is yes, please give detail	ls <b>with</b>	dates	
(e) If	f there	e are any other relevant details of your medical history not	t covere	d by the abo	ve questions, please
g -	give pa	rticulars			
<i>(f)</i> ⊢	lave a	any members of your family suffered from;			
	1.	Tuberculosis?	,	Yes [ ] No [	]
	2.	Insanity or mental illness?	,	Yes [ ] No [	]
	3	Diahetes Mellitus?	,	Yes [ ] No [	1

(g) Have you been immunized against any of the following diseases?  (h) 1. Small pox						
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(h) 1. Small pox		U F-ASA-8-2020/2021	G			
2. Tetanus		ses?	any of the following diseas	immunized aga	Have you been	(g)
3. Poliomyelitis		] No [ ]	Yes [		1. Small pox	(h)
(i) Indicate any special medical condition(s) that you might be having that Garissa L should about		[ ] No [ ]	Yes [		2. Tetanus	
should about  Signature of Student		Yes [ ] No [ ]		S	<ol><li>Poliomyeliti</li></ol>	
about	University	having that Garissa l	dition(s) that you might be	ecial medical c	Indicate any sp	(i)
PART II (To be completed by the Examining Medical Officer) (a)  Height	know					
PART II (To be completed by the Examining Medical Officer) (a)  Height	(j.					
Height		<del></del>	Date	ıdent	Signature of Stu	
With glasses; R. Eye L. Eye		-		•	ght	Heig
Hearing; Right Ear Left Ear  (c) Condition of: Teeth Throat Ears Lymphatic glands Nose  (d) Circulatory System: Blood Pressure:  Pulse Heart Systolic Diastolic Respiratory system, chest X-Ray (optional on clinical finding)  (f) Abdomen; any palpable masses-physiological or pathological?  Liver Spleen Uterus LMP  (g) Urine: Albumin Sugar			L. Eye	R. Eye	Without glasses;	
(c) Condition of:  Teeth Throat  Ears Lymphatic glands  Nose  (d) Circulatory System: Blood Pressure:  PulseHeart Systolic			L. Eye	R. Eye	With glasses;	
Teeth Throat Ears Lymphatic glands Nose  (d) Circulatory System: Blood Pressure:  Pulse Heart Systolic Diastolic Respiratory system, chest X-Ray (optional on clinical finding)  (f) Abdomen; any palpable masses-physiological or pathological?  Liver Spleen Uterus LMP  (g) Urine: Albumin Sugar			Left Ear	Right Ear	Hearing;	
Ears Lymphatic glands Nose  (d) Circulatory System: Blood Pressure:  PulseHeart SystolicDiastolic Respiratory system, chest X-Ray (optional on clinical finding)  (f) Abdomen; any palpable masses-physiological or pathological?  Liver Spleen Uterus LMP					Condition of:	(c)
Nose  (d) Circulatory System: Blood Pressure:  PulseHeartSystolicDiastolic			hroat		Teeth	
Pulse			ymphatic glands		Ears	
Pulse Heart Systolic Diastolic						
Respiratory system, chest X-Ray (optional on clinical finding)  (f) Abdomen; any palpable masses-physiological or pathological?  Liver Spleen Uterus LMP				Blood Pressu	Circulatory System:	(d)
Respiratory system, chest X-Ray (optional on clinical finding)  (f) Abdomen; any palpable masses-physiological or pathological?  Liver Spleen Uterus LMP	10	Diactalia	Custolia	Lloowt	Dulco	
(f) Abdomen; any palpable masses-physiological or pathological?  Liver Spleen Uterus LMP	(e)	Diastolic				Poci
Liver Spleen UterusLMP			ir cillical filluling)	t X-Nay (Options	piratory system, ches	ives
Liver Spleen UterusLMP						
(g) Urine:  AlbuminSugar			ogical or pathological?	ole masses-phys	Abdomen; any palpak	<b>(f)</b>
AlbuminSugar		LMP	Uterus	_Spleen	Liver	
Albumin Sugar						(g)
(h) Is the student on treatment?			Sugar		Albumin	
(i) Any other observation of importance				atment?	Is the student on tre	(h)

4. Heart Disease?....

Yes [ ] No [ ]

(j)	Name of Officer	Signature	Stamp&Date			
	Γ III (To be completed by GaU ersity)	Medical Officer, after the stu	dent has registered with the			
(k)	Special Remarks					
(I) (m)	Is the student fit for University Education? Yes [ ] No [ ]					
	Name of Medical Officer	Sign	Stamn&Date			