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OPTIDENT DENTAL AND TECHNICAL INSTITUTE
Intelligence plus Character

STUDENTS MEDICAL EXAMINATION REPORT

Students are requested to complete Part 1 of this Form .

Part II should be completed by the medical Officer examining the Student. The completed Form should be brought personally and presented on the day of Registration by the Student. No medical reports should be brought earlier or sent by post

PART1

a) Surname.....Other Names.....

Date of birth.....

Place of Birth.....

Nationality.....Religion.....

Marital Status.....

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?

i) Tuberculosis or other chest infection? Yes/No

ii) Fits, nervous disease or fainting attacks? Yes/No

iii) Heat disease or Rheumatic fever? Yes / No

iv) Any disease of the digestive system? Yes/No

v) Any disease of Genital urinary system? Yes / No

vi) Allergies to food or drugs? Yes/No vii) Malaria? Yes/No

viii) Sexual transmitted disease? Yes / No

ix) 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 relevant details of your medical history not covered by the above questions, please give particulars

.....
.....

PART II (To be completed by the Examining Medical Officer)

a) Height.....Weight.....

b) Visual Acuity: Without Glasses

R.6/.....L./6.....

With Glasses R.6.....L./6.....

c) Hearing:

Right ear.....left ear.....

d) Condition of:

Teeth:Decayed

:Missing.....

:Filled

Nose.....

Throat

.....

.....

e) Lymphatic glands

.....

f) Circulatory system

Pulse.....

Blood pressure.....

g) Respiratory system.....

Chest.....

.....

h) Abdomen

.....

.....

Spleen.....

Any evidence of Hernia.....

Any evidence of Hemorrhoids

.....

i) Urine.....

albumen.....

sugar.....

i) Any observable physical defects in addition to general records of observation: If any, please specify.....

.....

j) Is the student on any treatment?.....

If any, please

specify.....

.....

k) Blood Khan Test.....

l) Any other observation of importance.....

.....

m) Is the Student fit for college.....

Name of Medical Officer

Address:.....

Date:.....

Stamp.