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# GARISSA UNIVERSITY

## OFFICE OF THE REGISTRAR ACADEMICS & STUDENTS' AFFAIRS

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 Garissa, KENYA

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### STUDENT'S MEDICAL ENTRANCE EXAMINATION FORM

Date \_\_\_\_\_

**Important:** The completed form should be forwarded to University Clinic Office.

#### PART I (To be completed by the Student)

Name (as per KCSE Cert) ..... Admission No.....

Date of Birth ..... Place of Birth..... Gender: Male [ ] Female [ ]

Nationality..... County..... Mobile No.....

Faculty..... Department..... Year of Study.....

Marital Status: Single [ ] Married [ ] Other.....

Name..... of Parent [ ]/Guardian [ ]/Next of Kin [ ]

Mobile No..... Address.....

(a) Have you ever been admitted into a hospital? Yes [ ] No [ ]

(b) If Yes (a) state Date..... Reason.....

(c) Have you had any of the following illnesses? (Tick ✓ as appropriate)

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 [ ]

4. Any Allergies to foods or drugs ..... Yes [ ] No [ ]

5. Malaria..... Yes [ ] No [ ]

6. Sexually Transmitted Diseases..... Yes [ ] No [ ]

7. Poliomyelitis ..... Yes [ ] No [ ]

(d) If the answer to any of the (c) above is yes, please give details **with dates**

\_\_\_\_\_

(e) If there are any other relevant details of your medical history not covered by the above questions, please give particulars

\_\_\_\_\_

(f) Have any members of your family suffered from;

1. Tuberculosis?..... Yes [ ] No [ ]

2. Insanity or mental illness?..... Yes [ ] No [ ]

3. Diabetes Mellitus?..... Yes [ ] No [ ]

4. Heart Disease?..... Yes [ ] No [ ]

- (g) Have you been immunized against any of the following diseases?
- (h) 1. Small pox ..... Yes [ ] No [ ]
- 2. Tetanus..... Yes [ ] No [ ]
- 3. Poliomyelitis..... Yes [ ] No [ ]
- (i) Indicate any special medical condition(s) that you might be having that Garissa University should know about.....
- (j) Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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

- (a) Height \_\_\_\_\_ Weight \_\_\_\_\_
- (b) Visual Acuity:
  - Without glasses; R. Eye ..... L. Eye .....
  - With glasses; R. Eye ..... L. Eye .....
  - Hearing; Right Ear ..... Left Ear .....
- (c) Condition of:
  - Teeth Throat
  - Ears Lymphatic glands
  - Nose
- (d) Circulatory System: Blood Pressure:
  - Pulse \_\_\_\_\_ Heart \_\_\_\_\_ Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_
- (e) 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 \_\_\_\_\_
- (h) Is the student on treatment? \_\_\_\_\_
- (i) Any other observation of importance \_\_\_\_\_
- (j) Name of Officer \_\_\_\_\_ Signature \_\_\_\_\_ Stamp&Date \_\_\_\_\_

**PART III (To be completed by GaU Medical Officer, after the student has registered with the University)**

- (k) Special Remarks \_\_\_\_\_
- (l) Is the student fit for University Education? Yes [ ] No [ ] \_\_\_\_\_
- (m) Name of Medical Officer \_\_\_\_\_ Sign \_\_\_\_\_ Stamp&Date \_\_\_\_\_