



# THE CO-OPERATIVE UNIVERSITY OF KENYA

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REG. NO. ....

## STUDENTS MEDICAL ENTRANCE EXAMINATION

### IMPORTANT

Students are requested to complete **Part I** of this form. **Part II** To completed by the Examining Medical Officer from accredited medical facility. The form should be brought personally and presented to the Medical Registration Officers on the day of Registration by the Student.

### PART I

- 
- a) Surname ..... Other Names .....
- Date of Birth ..... Sex ..... Nationality.....
- Place of Birth.....
- Race ..... Religion .....
- Faculty/School/Institute .....
- 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 attack? Yes/No
  - iii) Heart disease or Rheumatic fever? Yes/No
  - iv) Any disease of the digestive system? Yes/No



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- v) Any disease of Genital Urinary System? Yes/No
- vi) Allergies to food or drugs? Yes/No
- vii) Malaria? Yes/No
- viii) Sexually transmitted diseases? 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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 .....  
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- d) If there are any relevant details of your medical history not covered by the above questions, Please give particulars.

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- e) Has any member of your family suffered from:

- i) Tuberculosis? Yes/No
- ii) Insanity or mental illness? Yes/No
- iii) Diabetes Mellitus? Yes/No
- iv) Heart Disease? Yes/No

- f) Have you been immunized against any of the following diseases:

- i) Smallpox? Yes/No ..... Date .....
- ii) Tetanus? Yes/No ..... Date.....
- iii) Poliomyelitis? Yes/No ..... Date.....

## PART II

**(To 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 .....
- ose .....
- Throat .....
- e) Lymphatic glands .....
- Circulatory system .....
- Pulse .....
- Blood Pressure ..... Systolic..... Diastolic .....
- f) Respiratory System.....
- .....
- g) Abdomen .....
- Spleen .....
- Any evidence of Hernia.....
- h) Urine ..... Albumin ..... Sugar .....
- i) Any observable physical defects in addition to general record 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 .....
- .....
- .....

Date ..... Medical Officer .....

Address .....

.....

Signature .....

Official Stamp.....



# PART III

(To be completed by The University Medical Officer)

Special Remarks.....  
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Is the student fit for University Education? Yes/No

Date .....  
.....

Medical Officer (CUK)

Signature.....

Date.....

**Approval by: D.B.OTIENDE- Registrar**

**22 July 2017.**





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