

NEW STAFF CONFIDENTIAL MEDICAL EXAMINATION FORM

Offers are conditional upon receipt of a medical report satisfactory to the University of Nairobi on the Health of the appointee and his/her fitness to take up the post. Appointee to pay for the medical examination.

Appointee to complete Part I (to be filled in triplicate)

Yes/No

Epilepsy

Appointed to comp	nete i ait i (to t	oe illied iii triplicate)	
PART I			
Surname		Other names	
Sex M F		Date of Birth	
Nationality		University of Nairobi College	/Department.
Designation			
Permanent Addres	SS		
HEALTH PROBI	_EMS		
List any recent or o	current problem	ns.	
Have you had any	of the following	g?	
Allergy	Yes/No	Infectious Mononucleosis	Yes/No
Anaemia	Yes/No	Jaundice/Hepatitis	Yes/No
Back Problem	Yes/No	Psychiatric Illness	Yes/No
Bilharzia	Yes/No	Poliomyelitis	Yes/No
Bladder Problem	Yes/No	Severe Headache	Yes/No
Chest Infection	Yes/No	Surgery	Yes/No
Diabetes Mellitus	Yes/No	Thyroid Disease	Yes/No

Speaking Problem

Yes/No

Heart Disease	Yes/No	Hearing Problem	Yes/No	
Blood Pressure	Yes/No			
If the answer to any o	f the above is	yes, please give particula	rs.	
FAMILY MEDICAL	HISTORY			
Has any member of y	our family suf	ered from any of the follo	wing:	
Diabetes Mellitus	Yes/N	o Heart Disease	Yes/No	
Bronchial Asthma	Yes/N	lo High Blood Pres	sure Yes/No	
Psychiatric Illness	Yes/N		se Yes/No	
Tuberculosis	Yes/N	lo		
Signature of the appo	intee	Date		
PART II (To be com	pleted by the	e Examining Doctor)		
Immunization Record				
Height		.Weight Any de	eformity	
Visual Acuity	L	E. 6/	RE. 6/	
Lymphatic Glands			,	
CARDIOVASCULA	R SYSTEM			
Pulse	/Min	ute Regular/Irregular		
Heart Sounds		Blood Pressure		

RESPIRATORY SYSTEM
Chest X-ray
ALIMENTARY SYSTEM
Teeth
Abdomen
L.M.P
CENTRAL NERVOUS SYSTEM
URINES.G.AlbuminSugar
Deposit
COMMENTS BY EXAMINING DOCTOR
DateSignature,
PART III
COMMENTS BY UNIVERSITY CHIEF MEDICAL OFFICER
CHIEF MEDICAL OFFICER UNIVERSITY HEALTH SERVICES
Date