



COAST INSTITUTE OF TECHNOLOGY

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To fill and bring to the Institute on reporting date

TRAINEE'S MEDICAL BIODATA FORM

Admission/Registration No.:

IMPORTANT

1. Trainees are requested to complete PART I of this form. PART II should be completed by a Medical Officer from a government hospital examining the trainee. The completed form should then be submitted to Institute's Nurse on the registration day.

2. Please note that any medical service that the trainee may require outside the Institute's Medical Department is a responsibility of the Parent/Guardian.

PART I

a) Name of Trainee: (Surname /Middle/First).....

Gender :ID NO.: Nationality:

Nationality:Religion:Mobile Number.....

Department:Marital Status:

Parent/Guardian/Next of Kin

Name:

Address: Mobile No.:

b) Have you ever been admitted to a hospital? YES/NO:

If YES, state reason for admission and date:

c) Have you any of the following illness? (TICK where appropriate)

(i) . Tuberculosis of the chest infection YES / NO (ii). Allergies to food or drugs YES / NO

(iii). Mental illness YES / NO (iv) Fits, nervous disease or fainting attacks YES / NO

(v) Diabetes Mellitus YES / NO (vi) Asthma YES / NO

If the answer to any of the above is YES, please give details and dates:

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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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Date: Signature:

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

a) Vision:

b) Hearing:

c) Circulatory System:

Pulse: Blood Pressure:

Systolic: Heart:

e) Any other observation of importance

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Name of Examining Doctor:

Signature: Official Stamp:

PART III (To be completed by Coast Institute of Technology Nurse)

Special Remarks:.....
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Is the student fit for College Education? YES / NO

Signature: Date: Official Stamp:.....