

RAMOGI INSTITUTE OF ADVANCED TECHNOLOGY



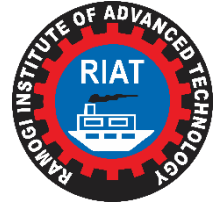
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APPENDIX 1: MEDICAL EXAMINATION REPORT

NOTE: Ensure this form is filled by a registered medical practitioner in a government hospital

S/n	Check-ups	Specifications	Findings
1	Chest X-Ray	Tuberculosis	
2	Urine		
3	Stool		
4	Eye & Vision	<ul style="list-style-type: none">• Unaided Right -Left• Unaided Right -Left• Color Blind• Visual Field	
5	Ears	Hearing Voice Right -Left	
6	Mental Stability		
7	Mouth and Teeth		
8	Infectious Diseases		
9	Glands in the Neck		
10	Spleen and Liver	Bile and Various Veins	

Any other weakness, defect or disease e.g. defects or speech, local twitching spasm, cholera or other nervous disorder, venereal diseases or rheumatic tendency.

I certify that I have this dayexamined..... and that in my opinion he/she is physically fit/unfit for admission in your institute as a trainee.

NameDate.....

Sign & Stamp