KSU 7B

KISII UNIVERSITY

Student Name………………………………………………………... Adm/Reg. No………………………

Date …………………………… Phone Number……………………………… Signature ………………

PART II
(To be Completed by a Medical Officer at a Government Hospital)

a) Vision ………………………………………… b) Hearing ……………………………………………

c) Circulatory System

Pulse …………………………………… Blood Pressure ………………………

Systolic …………………………………… Heart ………………………………….……

d) Chest exam (X-ray if necessary)……………………………………………………………………

e) Is the student on any treatment Yes / No ………………………………..if so, give details

…………………………………………………………………………..

f) Any observations of importance……………………………...

…………………………………………………………………………..

Name of examining doctor……………………………………………….

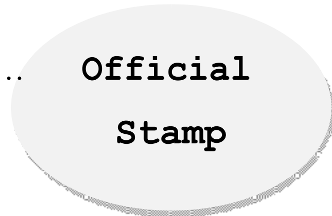
Signature …………………………………….Official stamp…………………………….

PART III
(To be completed by Kisii University Medical Officer)

Special Remarks ……………………………………………………………………………………

……………………………………………………………………………………………………… Is the student fair for university education? Yes / No …………………………………..

Signature:……………………………. Date: ……………………………………



CHIEF MEDICAL OFFICER/ MEDICAL OFFICER
KISII UNIVERSITY

KSU 8

KISII UNIVERSITY

Telephone: 058-30826/0720 127 094
Fax 058-31140
P.O. Box 408 Kisii - Kenya
Email: acregistrar@kisiiuniversity.ac.ke

EMERGENCY OPERATIONS

Candidates Name……………………………………………………………………………………..…
First Middle Last/Surname

Admission/Reg. No: …………………………..ID No./KCSE Index No. ……………………………………

Course Admitted to……………………………….……….School …………………………………………

This applies to the students who are minors **(i.e. persons under 21 years of age).**

Approval of your parents (or guardians) is required for the Medical Officer of Kisii University to give consent on their behalf, for an emergency operation to be carried out on you should a situation calling for an operation arise. Parents (or guardians) are therefore required to complete the consent form below if you are under 21 years of age.

FORM OF CONSENT

I Agree that the chief medical officer of Kisii University may consent an emergency operation being performed on: ……………………………………………………………………………………

If it is not possible to contact me on time.

Name of Parent / Guardian/ Next of Kin …………………………………………..

Contact Address…………………………….………. Phone ……………………………………………

Relationship: ……………………………………………

Signature: ……………………………………………… Date: ……………….…………………………...

For More Information, Contact:
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