



**BUTERE TECHNICAL AND VOCATIONAL COLLEGE**

**P.O BOX, 90-50101, Butere- Kakamega**

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**Medical Examination form**

**CONFIDENTIAL MEDICAL EXAMINATION FORM**

TO BE FILLED BY GOVERNMENT DOCTOR/CLINICAL OFFICER

NAME.....GENDER.....AGE.....

OCCUPATION.....ADDRESS.....

HEIGHT.....WEIGHT.....

CHRONICAL  
ILLNESS.....

PMHX.....

**PHYSICAL EXAMINATION**

PALLOUR.....

JAUNDICE.....

LYMPHOES.....

**VITAL SIGNS**

T-

P-

R-

B/PRESSURE

**SYSTEMATIC EXAMINATION**

C.V.S.....

R.S.....

G.I.T.....

C.N.S.....

MUSCULO SKELETAL.....

**KEPPI VACCINATIONS**

BCG.....

POLIO.....

MEASLES.....

HEPATITIS B.....

OTHERS.....

**SPECIAL ORGANS**

E.N.T

EYES VISUAL ACQUITTY

RT.....LT.....

**LABORATORY INVESTIGATIONS**

HB.....

URINALYSIS.....

STOOL o/c.....

PREGNANCY TEST.....

BLOOD SUGAR.....

WIDAL TEST.....

**RADIOLOGICAL EXAM**

CHEST.....

OTHERS.....

**MEDICAL/ CLINICAL OFFICER**

NAME.....SIGN.....

DATE.....OFFICIAL STAMP.....