



BUTERE TECHNICAL AND VOCATIONAL COLLEGE

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Students' 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.....

LYMPHODES.....

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.....