



KARUMO TECHNICAL  
TRAINING INSTITUTE

**STUDENTS MEDICAL EXAMINATION FORM**

Students are requested to complete Section A of this form. Section B should be completed by the medical Officer examining the student.

**Section A (to be completed by the student)**

Student's Name.....

Date of Birth.....

Name, Address and Telephone of of Parent/Guardian/or next of keen

.....  
.....  
.....  
.....

**Section B (to be completed by the Examining Medical Officer)**

a) Height \_\_\_\_\_ weight \_\_\_\_\_

b) Visual Acuity  
Without glasses R.6 L.6  
With glasses R.6 L.6

c) Hearing Right Ear Left Ear

d) Condition of  
Throat \_\_\_\_\_ Lymphatic glands \_\_\_\_\_

e) Circulatory system  
Pulse \_\_\_\_\_ Heart \_\_\_\_\_

Blood pressure systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

f) Respiratory system  
Chest X-Ray (optional depending on clinical finding)

g) Abdomen: any palpable masses. Physiological or Pathological?  
Liver \_\_\_\_\_

Spleen \_\_\_\_\_

Uterus \_\_\_\_\_ L.MP

h) Urine Album \_\_\_\_\_ Sugar \_\_\_\_\_

i) Any other Observation of Importance

Name of the Medical Officer.....

Signature.....Date and Stamp.....