

**THARAKA**  
P.O BOX 193-60215,  
MARIMANTI, KENYA



**UNIVERSITY**  
Telephone :|(254)-0202008549,  
+(254)-02020076920  
email: info@tharaka.ac.ke  
Website: https://www.tharaka.ac.ke

**COLLEGE**  
*(A Constituent College of Chuka University)*  
**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

---

**STUDENTS MEDICAL BIODATA FORM**

Registration No.....

**IMPORTANT**

1. Students are requested to complete **PART I** of this form. **PART II** should be completed by a Medical Officer from a government hospital examining the student. The completed form and chest X-ray should then be submitted to the University College Medical Officer on the registration day.
2. Please note that any medical service that the student may require outside the University College Medical Department is direct responsibility of the Parent/Guardian.

**PART I**

a) Name of Candidate: .....  

First
Middle
Last/ Surname

Sex: ..... Nationality: ..... Religion: .....

Faculty: ..... Marital Status: .....

Mobile No.....

**Parent/Guardian/Next of Kin**

Name: .....

Address: ..... Mobile No. : .....

b) Have you ever been admitted to hospital? YES/NO: .....

If so, state reason for admission and date: .....

c) Have you contracted any of the following illness? (Circle where appropriate)

- (i) Tuberculosis of the chest infection YES / NO
- (ii) Fits, nervous disease or fainting attacks YES / NO

(iii) Allergies to food or drugs YES / NO (iv) Diabetes Mellitus YES / NO

(v) Mental illness YES / NO (vi) Asthma YES / NO

If the answer to any of the above is yes, please give details and dates.....  
.....

d) If there are any relevant details of your medical history not covered by the above questions,  
please give particulars.....  
.....

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

**PART II**

(To be completed by the Examination Officer)

a) Vision.....

b) Hearing.....

c) Circulatory System: .....

Pulse: .....

Blood Pressure: .....Systolic: .....

Heart: .....

d) CHEST Examination (X- ray)

Compulsory.....

If any problem, give details: .....

e) Any other observation of importance: .....

Name of Examining Doctor: .....

Signature: ..... Official Stamp: .....

**PART III (To be completed by Tharaka University College Medical Officer)**

Special Remarks: .....

Is the student fit for University Education?

YES / NO

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

Official Stamp: .....