LAIKIPIA UNIVERSITY

P.O. Box 1100-20300,
NYAHURURU,
KENYA

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raa@laikipia.ac.ke; www.laikipia.ac.ke

OFFICE OF REGISTRAR
(ACADEMIC AFFAIRS)

MEDICAL FORM

REGISTRATION NO:……………………………………………………………………

IMPORTANT:

1. Students are requested to complete Part 1 of this form. Part II should be completed by the Medical Officer examining the student. The completed form should then be submitted to the University Medical Officer on the registration day.
2. **ALL students are required to have NHIF cover nominating Laikipia University Medical Centre as their preferred outpatient facility. This may be done through their parents/guardians as dependents OR as individual contributors before admission. ONLY students who are below 18 years OR whose parents /guardians are civil servants can register as dependents while the rest have to enroll as individual contributors.**
3. A copy of the NHIF Card and National ID and the NHIF holder and (front and back) MUST be provided on the registration day.
4. Any medical services that the student may require outside the University's Medical Centre and the NHIF cover are a direct responsibility of the parent/guardian.

PART ONE

a) Bio data:
Name: First ………………. Middle……………………Surname…………………………
Date of Birth…………………………..……………..Sex: Male/Female………………
Next of Kin: Name………………………………………………………………………
Relationship……………………………………………………….……
Address……………………………………………………………….…

b) **Medical History**:
Have you or anyone in your family ever suffered from any of the following diseases (Circle as appropriate):

Disease	Self	Family	Disease	Self	Family
Tuberculosis	Yes/No	Yes/No	**Hypertension**	Yes/No	Yes/No
Epilepsy	Yes/No	Yes/No	**Diabetes Mellitus**	Yes/No	Yes/No
Mental Illness	Yes/No	Yes/No	**Cancer**	Yes/No	Yes/No

Have you ever been hospitalized? Yes/No. If yes give details and dates and sickness involved.

____

____

Have you ever had an operation? If yes give details of dates and disease involved.

____

____

Have you ever suffered an accident? If so give details.

____

____

Do you have physical disability? If so give details.

____

____

PART II

To be completed by the examining physician:

Height…………………Weight…………………BMI…………………………………………

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

Eye: Visual Acuity………………………………………Pupils…………………………………

Ears: R……………………………………………….L………………………………

Nose &Throat…………………………………………………………………………

Teeth……………………………………………………………………………………

Cardiovascular System:

Heart Sounds…………………..……………………..……………………..……………..

Heart Murmurs……………………………………………………………………………

Blood Sugar………………………………………………………………………………

Respiratory System:

Chest (**MUST include gene Xpert test**)…………………………………………………

Tuberculosis or chest complains (Yes/No) Please give details…………………………….…….

……………………………………………………………………………………………

Abdomen: …..……………………………………………………………………………………

Nervous System: ………………………………………………………………………………

Mental State Exam:…….……………………………………………………………………

Genital Exam:…………………………………………………………………………………

Musculoskeletal:…..…………………………………………………………………………

Skin:……………………………………………………………………………………………….

Any other serious illness or operation (Yes/No) Please give details……………………………

…………………………………………………………………………………………………

Declaration.

I have examined ….…………………………………………………And consider that:-

a) Her/His state of health could affect his studies adversely.

b) He/She is fit for studies.

c) He/She would be fit for employment if the following conditions are fulfilled (Give details)……………………………………………………………………………………

…………………………………………………………………………………………………

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

Official Stamp……………………………………………………………………………….

Qualifications……………………………………………………………………………..

Address:……………………………………………………………………………………..

PART III

(For use by the University Medical Officer)

…………………………………………………………………………………………………

…………………………………………………………………………………………………

………………………………………………………………………………………………

Signature: **University Medical Officer** **Date**

Official Stamp………………………………………………………………..

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OFFICE OF REGISTRAR (ACADEMIC AFFAIRS)

MEDICAL INSURANCE AND CONSENT

a. **ALL students are required to have NHIF cover nominating Laikipia University Medical Centre as their preferred outpatient facility. This may be done through their parents/guardians as dependents OR as individual contributors before admission. ONLY students who are below 18 years OR whose parents /guardians are civil servants can register as dependents while the rest have to enroll as individual contributors.**

b. **All students are encouraged to ensure their NHIF monthly payments are up-to-date to guarantee continued medical care.**

1. NATIONAL HEALTH INSURANCE FUND (NHIF) DETAILS.

Who is the policy holder? (Name)____

Subscriber Policy Number_______________ DOB of Policy Holder____________________

Gender of Policy Holder: (circle one) M / F

What is your relationship with the policy holder?___________________________________

NOTE: Please attach a legible copy of the front and back of your NHIF insurance card.

2. AUTHORIZATION.

Laikipia University Medical Centre requests that at the time of admission, the student (If aged above 18 years) or the parents/ legal guardians of students under the age of 18 years provide written authorization for Laikipia University Medical Centre to provide medical care and treatment to the students.

The undersigned hereby grants permission for medical treatment and care to be provided by Laikipia University Medical Centre:

Student's Last Name	First Name	Middle Name	Date of Birth
Student's ID	**School/Faculty**		**Phone**

If above 18 years:____

Student's Signature & Date

If below 18 years: __________________________ ______________________ ______________

Signature of Parent/Guardian **Relationship** **Date**