



**The Presbyterian University of East Africa**

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**Office of the Registrar (Academics and Students' Affairs)**

**MEDICAL EXAMINATION FORM**

**NAME:** .....

**ADMISSION NUMBER** .....

**AGE** ..... **SEX** ..... **WEIGHT** ..... **HEIGHT** .....

**Skin:** Note: Presence of any contagious skin disease e.g. Ring worms

.....  
Allergies.....

**Mouth & Teeth:**

Cavities.....

Occlusion (Normal and maloceluded).....

**Eyes: Mandatory**

Visual acuity L/E ..... R/E .....

Visual Field.....Colour Blindness .....

**ENT:**

Hearing Left Ear .....Right Ear .....

Impairment.....

Smelling Defects.....

**Cardiovascular System:**

Blood Pressure.....

Pulse Rate.....

Heart Sound.....

**Respiratory System:**

Asthma.....

Allergies.....

BCG Scar.....

**Recommendations**

I certify that I have examined .....and  
on my option, he/she is fit to join The Presbyterian University of East Africa.

Name of Physicians: ..... Signature: .....

Date: ..... Official Stamp: .....

Signed by,

Name of Physicians

**Signed**

**Date**

.....

.....

.....

Official Stamp