



SIAYA INSTITUTE OF TECHNOLOGY

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NOTE: Applicants for entry to the Institute **MUST** get this form completed by a Registered Medical Officer of Health **BEFORE** reporting.

STUDENT'S NAME: _____ **COUNTY:** _____

1. Eye and Vision: Unaided Right -Left Aided Right - Left Colour Blind Visual Field	
2.Nose and Throat Is nasal breathing - Habitual -Adenoids	
3. Ear Hearing voice Right Left	
4. Mouth and Teeth	
5. Glands in the neck	
6. Chest and Heart With special reference to any Tubercular tendencies	
7. Urine Stool	
8. Spleen and Liver Piles and varicose veins	
10. Any other weakness, defect, allergy or disease(s) e.g. defects on speech, local itching or spasm, chore or other neurons disorder, venereal disease or rheumatics tendency	
11. General observation: if care is desirable in any special direction please give particulars	

Payments for the medical examination are the sole responsibility of the applicant.

Signature of registered Medical Practitioner: _____

ADDRESS: _____ **DATE/STAMP:** _____