KAIMOSI FRIENDS NATIONAL POLYTECHNIC
P.O. BOX 150 - 50309 TIRIKI, KENYA +254 712604008
Email: fckadmissions@gmail.com, Website: www.kfnp.ac.ke

MEDICAL EXAMINATION CERTIFICATE

PART 1 (To be completed by the Trainee):

SURNAME _____ OTHER NAMES _____SEX_____

ID NO./BIRTH CERTIFICATE NO_____ TELEPHONE NO._____

DATE OF BIRTH_____ NATIONALITY _____

NAME OF PARENT/GUARDIAN/NEXT OF KIN _____

TELEPHONE NO_____

PART 2: Ensure this form is filled by a Registered Medical Practitioner in a Government Hospital.

S/n	Check-ups	Specifications	Findings
1	Chest X-Ray	Tuberculosis	
2	Urine		
3	Stool		
4	Eye & Vision	• Unaided Right -Left • Unaided Right -Left • Color Blind • Visual Field	
5	Ears	Hearing Voice Right -Left	
6	Mental Stability		
7	Mouth and Teeth		
8	Infectious Diseases		
9	Glands in the Neck		
10	Spleen and Liver	Bile and Various Veins	

Any other weakness, defect or disease e.g. defects of speech, local twitching spasm, cholera or other nervous disorder, venereal diseases or rheumatic tendency.

I certify that I have this day_____ examined_____
and that in my opinion he/she is physically fit/unfit for admission in your institute as a trainee.

Name of Medial Practitioner_____ Date_____ Stamp_____