FORM C

KABETE NATIONAL POLYTECHNIC

THE M.O.H

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The Principal
Kabete National Polytechnic
P.O Box 29010 – 00625
NAIROBI

MEDICAL CERTIFICATE OF FITNESS

This is to certify that…… (Students name) invited to take ……..(course) in your institute has been checked on the fitness thus:-

1.	**Eyes and Vision** **Unaided Right - Left** **Aided Right - Left** **Colour blind** **Visual field**	
2	**Nose and Throat - Is nasal breathing habitual? Adenoids?**	
3	**Ears** **Hear voice - Right** **- Left**	
4	**Mouth and teeth**	
5	**Glands in the neck**	
6	**Check Heart, lungs** **With special reference to any tubercular tendencies**	
7	**Spinal column**	
8	**Urine** **Stool**	
9	**Spleen liver** **Piles and varicose veins**	
10	**Any other weakness defects or disease e.g cholera or other nervous disorder. Venereal disease or rheumatic tendency**	
11	**If one is desirable in any special direction** **Please give particulars (general observations)**	
12	**Pregnancy**	

SIGNATURE & RUBBER STAMP OF REGISTERED MEDICAL PRACTITIONER

ADDRESS_____

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_____ DATE: _____

This form *MUST* be completed by a registered doctor. Payment for the examination is the sole responsibility of the applicant