

RUNYENJES TECHNICAL & VOCATIONAL COLLEGE

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MEDICAL FORM

RTVC/ADM/REG/002

NOTE: Applicants for entry to the Institution must get this form filled/completed by a registered Doctor.

PAYMENT FOR THE EXAMINATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT.

NAME:.....COURSE:.....
ADM NO.....

MEDICAL CERTIFICATE OF FITNESS

This is to certify that.....(student's 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 -Right

Hearing voice -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. a) Urine (For female students please state if pregnant or not)

b) Stool.

9. Spleen Liver

Piles and varicose veins

10. Any other weakness, defects or disease: e.g.
cholera or other nervous disorders.

Venereal diseases or rheumatic tendency

11. General observations if care is desirable in any special direction please give particulars.

Signature of the registered medical practitioner:

Address:Official Stamp and Date:

