



MINISTRY OF EDUCATION
 KAKRAO TECHNICAL & VOCATIONAL COLLEGE
 P.O. BOX 308 - 40400. SUNA - MIGORI KENYA.
 TEL: 0748 805 052 / 0101 905 052
 Email: kakraotvc@yahoo.com / kakraotvc20@gmail.com



Date:.....

STUDENT MEDICAL CERTIFICATE

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

STUDENT'S NAME: _____ HOME COUNTY: _____

TEL NO: _____ EMAIL: _____

1. Eye and Vision:	
2. Nose and Throat	
3. Ear	
4. Mouth and Teeth	
5. Glands in the neck	
6. Chest and Heart	
7. Urine	
8. Spleen and Liver	
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	

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

SIGNATURE OF REGISTERED MEDICAL PRACTITIONER:

_____ DATE _____ STAMP: _____

CONTACT: P.O BOX _____ TOWN _____ CODE: _____

TEL NO. _____ E-MAIL: _____