



## KABETE NATIONAL POLYTECHNIC

P.O. BOX 29010 - 00625 NAIROBI. CELL: +254 790000001

[info@kabetepoly.ac.ke](mailto:info@kabetepoly.ac.ke)

THE M.O.H

\_\_\_\_\_

THE PRINCIPAL

KABETE NATIONAL POLYTECHNIC

P.O BOX 29010 - 00625

NAIROBI

### MEDICAL CERTIFICATE OF FITNESS

*(This form **MUST** be completed by a registered doctor)*

This is to certify that..... (trainee's name)  
 invited to take ..... (course) in your  
 Polytechnic has been checked on the fitness thus: -

1.	Eyes and Vision Unaided <u>Right</u> -    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	Pregnancy test	
12	General observations/ Comment	

SIGNATURE & RUBBER STAMP OF REGISTERED MEDICAL PRACTITIONER

ADDRESS \_\_\_\_\_

\_\_\_\_\_

DATE.....

Payment for the examination is the sole responsibility of the applicant.