



# SACRED HEART

INSTITUTE OF EDUCATION & PROFESSIONAL STUDIES

P. O. BOX 86 – 10102 KIGANJO, TEL TEL. 0742 343 110/ 0777 343 110/ 0781 582 335  
EMAIL: [info@shu.co.ke](mailto:info@shu.co.ke) website: [www.shu.co.ke](http://www.shu.co.ke)

## MEDICAL EXAMINATION CERTIFICATE

This form is to be filled by a certified medical practitioner

Name: ..... Date of Birth: .....

1. Chest: Tuberculosis Tendencies .....
2. (a) Urine.....  
(b) Stool.....  
(c) Blood.....
3. Malaria .....
4. Rheumatic Tendency .....
5. Sexual Transmitted Infections .....
6. Blood Pressure .....
7. Eyesight.....
8. Mental Stability.....
9. Glands in the Neck.....
10. Spleen and Liver.....
11. Bile and various veins.....
12. Mouth and Teeth.....
13. Pregnant..... No/Yes.....
14. Any Contagious Diseases.....

## **DOCTORS DECLARATION**

I hereby certify that I have this day .....examined.....  
and that in my best knowledge and ability he/she is physically fit/unfit for admission in your Institute as a student.

**OFFICIAL RUBBER STAMP**

Name of the Doctor..... Signature.....

Date.....

