



FRIENDS COLLEGE KAIMOSI
(Kaimosi College of Research & Technology)

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MEDICAL EXAMINATION FORM

(To be completed by a qualified doctor in a government hospital)
Note: This form MUST be submitted to the college Nurse on admission.

Name of student _____ Age _____ Date _____

I declare that the following have been examined as follows;

1. Eyes _____

2. Chest _____

3. Teeth _____

4. Checked for VD and HIV/AIDS and found _____

5. Checked for pregnancy and found _____

6. Others:

Signed _____
GOVERNMENT MEDICAL DOCTOR

For official Use:

Checked & Verified by _____ Sign _____ Date: _____