

# **KIRINYAGA UNIVERSITY**

**P.O BOX 143-10300 KERUGOYA TEL 0709742000/0789938241**

**OFFICE OF THE DIRECTOR, BOARD OF POSTGRADUATE STUDIES**

**[Email-bps@kyu.ac.ke](mailto:Email-bps@kyu.ac.ke)**

## **1. STUDENTS PERSONAL DETAILS**

You are required to complete all the forms attached and return them together with a colored Passport Size Photograph to the Director (Board of Postgraduate Studies) on the registration day.

## **2. MEDICAL EXAMINATION**

Admission into the University is conditional upon satisfactory medical report being received. Students are therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University.

Form **ADMF8** Student's Medical Examination – is attached for this purpose.

The Doctor who examines the student is kindly requested to complete and enclose in a sealed envelope addressed to the Medical Officer, Kirinyaga University P.O BOX 143-10300 KERUGOYA. The student is required to bring the report along with him/her on the day of registration. This form should not be sent by post.

## **3. MEDICAL ATTENTION AT THE UNIVERSITY**

The University clinic is open to students, but students are advised to be prepared to meet expenses of any medical attention not provided by the University.

## **4. DENTAL AND OPTICAL TREATMENT**

The University does not provide optical and dental treatment. Any student having or suspecting eye and dental trouble should consult opticians/dentists where necessary.

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**COURSE ACCEPTANCE DECLARATION**

I hereby undertake to complete the course for which I have accepted at the Kirinyaga University unless I am requested to discontinue by the University Authorities.

I understand that change of faculty or department will be permitted only by approval of the SENATE.

I accept the regulations made from time to time for the good order and governance of the University lawfully made by the Vice Chancellor and other duly appointed officers of the University.

Students' Name.....

Signature.....

Date.....

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**STUDENTS REGULATIONS DECLARATION**

I .....Reg. No.....

Of School of.....Department of.....

Hereby declare that I have read and understood the Regulations Governing the Conduct and Discipline of Students at the University attached.

I further promise TO ABIDE by the, regulations Governing the Conduct and Discipline of the students of Kirinyaga University.

Students' Name.....

Reg. No.....

Signature.....

Date.....

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REG. NO.....

**STUDENT MEDICAL EXAMINATION**

**IMPORTANT**

Students are requested to complete **part 1** of this Form **Part II** should be completed by the **medical officer examining the student**. The completed form should be brought personally and presented to the Medical Registration officers on the day of registration by the student. **No medical reports should be brought earlier or sent by post.**

**PART 1**

a). Surname..... Other Names.....  
 Date of Birth.....Sex.....Nationality.....  
 Race.....Religion.....  
 Course .....Marital Status.....  
 Name, Address and Telephone Number of Parent/Guardian/ Next- of -Kin.....  
 .....

b). Have you ever been admitted into a Hospital? .....  
 If so, state reason for admission and date.....  
 .....

c) Have you had any of the following illnesses?  
 i) Tuberculosis or other chest infections? Yes/No  
 ii) Fits, nervous disease or fainting attacks? Yes/No  
 iii) Heart disease or Rheumatic fever? Yes/No  
 iv) Any disease of digestive system? Yes/No  
 v) Any disease of genital urinary system? Yes/No  
 vi) Allergies to food or drugs? Yes/No  
 vii) Malaria? Yes/No  
 viii) Sexually transmitted diseases? Yes/No  
 ix) Poliomyelitis? Yes/No

If the answer to any of the above is Yes, Please give details with dates.....  
 .....

If there are any relevant details of your medical history not covered by the above questions,  
 Please give particulars.....  
 .....

Has any member of your family suffered from:

- i) Tuberculosis? Yes/No
- ii) Insanity or mental illness? Yes/No
- iii) Diabetes Mellitus? Yes/No
- iv) Heart Disease? Yes/No

Have you been immunized against any of the following diseases:

- i) Small pox? Yes/No Date:.....
- ii) Tetanus? Yes/No..... Date:.....
- iii) Poliomyelitis? Yes/No ..... Date:.....

**PART II**

(To be completed by the Examining Medical Officer)

a) Height.....Weight  
.....

b) Visual Acuity:  
Without Glasses      R./6 .....  
                                 L./6.....  
With Glasses      R./6.....      L./6  
.....

c) Hearing:              Right ear.....      Left  
Ear.....

d) Condition of:  
Teeth:  
.....  
Nose:.....  
.....  
Throat:.....  
.....

e) Lymphatic  
glands.....  
Circulatory  
system.....  
Pulse.....  
.....  
Blood pressure.....  
Systolic.....Diastolic.....

f) Respiratory  
System.....  
.....  
X – ray Chest  
.....

**(THE STUDENT TO BE GIVEN THE CHEST X – RAY FILM AND RADIOLOGIST REPORT TO BRING TO THE UNIVERSITY MEDICAL OFFICER DURING REGISTRATION)**

g) Abdomen.....  
.....  
Spleen.....  
.....

Any evidence of  
Hernia.....

Any evidence of Haemorrhoids  
.....

h) Urine..... Albumin.....  
Sugar.....

i) Any observable physical defects in addition to general record of observation:  
If any, please  
specify.....

j) Is the student on any  
treatment?.....  
If any, please  
specify.....

k) Blood Khan  
Test.....

l) Any other observation of  
importance.....  
.....  
.....

Date:.....

Medical Officer

Address: .....

Stamp.....

***Kirinyaga University does not discriminate against people living with HIV infection.***

**PART III**

**(To be completed by the University Medical Officer)**

Special Remarks

.....  
.....  
.....  
.....  
.....  
.....  
.....

Is the Student fit for University Education? Yes/No

Date.....

.....

Medical Officer  
*For KyU.*

KyU does not discriminate against people living with HIV/AIDs

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## FORM OF CONSENT

I agree that the Vice Chancellor of Kirinyaga University may consent to any emergency operation being performed on .....(insert name)

If it has not proved possible to contact my emergency contact in time:

**Signature:**.....

**Date:** .....



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STUDENTS' DATA SHEET.

Reg. No.....Date.....

Surname.....Other Names.....

Date of Birth..... County.....

Gender (tick) Male ..... Female.....

ID/ Passport No.....Phone /Mobile No.....

Email .....

Course Name.....

School .....Department.....

Sponsor (tick) G.O.K.....Self..... Other.....

Next of kin Name.....Relationship.....Telephone.....

Sponsor /Guardian Name..... Relationship.....Telephone.....

Religion.....

Nationality.....

EMERGENCY CONTACTS

Name.....

Relationship.....

Address.....

Phone No.....