



## RIFT VALLEY INSTITUTE OF SCIENCE AND TECHNOLOGY

### ISO 9001:2015 QUALITY MANAGEMENT SYSTEM

### CERTIFICATE OF MEDICAL EXAMINATION

#### STUDENT DETAILS

Name: \_\_\_\_\_

ID No: \_\_\_\_\_

Course: \_\_\_\_\_

#### MEDICAL REPORT:

- a) Vision: \_\_\_\_\_
- b) Hearing: \_\_\_\_\_
- c) Physical Handicaps (if any): \_\_\_\_\_
- d) Any previous major illness e.g.: \_\_\_\_\_  
 Epilepsy \_\_\_\_\_  
 Hypertension \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Ulcers \_\_\_\_\_  
 Any communicable diseases \_\_\_\_\_
- e) Allergies to food/chemical etc. \_\_\_\_\_
- f) Any condition that may not allow the trainee to undertake the course \_\_\_\_\_  
 \_\_\_\_\_

#### CERTIFICATION

The candidate named has been examined and I can/cannot certify that she/he is medically fit to pursue the course.

Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Official Stamp)