

WERU TECHNICAL AND VOCATIONAL COLLEGE

PO BOX 5227- 80200 MALINDI, TEL: 0741315608

MEDICAL FORM

MEDICAL EXAMINATION MUST BE CONDUCTED AT A GOVERNMENT
HOSPITAL BEFORE REPORTING

NAME:ADM NO:..... Year

EXAMINATION REQUIRED:

1) PHYSICAL FITNESS:

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2) PREGNANCY TEST:

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3) GENERAL DISEASES:

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4) BILHARZIA:

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5) SKIN DISEASES

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OTHER:

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CERTIFIED:
DOCTOR:

HOSPITAL:

OFFICIAL RUBBER STAMP: TEL: