



RIFT VALLEY TECHNICAL TRAINING INSTITUTE

P. O. BOX 244 – 30100 Eldoret. Tel: 0704-244244, 0733244240, 0729621773

MEDICAL EXAMINATION CERTIFICATE

NOTE: Applicants for entry to the college must get this form completely filled by registered Doctor. PAYMENTS FOR EXAMINATION & TREATMENT IS THE RESPONSIBILITY OF THE APPLICANT.

NAME: _____

COUNTY: _____

1.	Eye and vision: Unaided right – left? Aided right – left? Colour blind Visual field	
2.	Nose & Throat: Is nasal breathing habitual? Adenoids?	
3.	Ears: Hearing voice – Right? - Left	
4.	Mouth and Teeth	
5.	Glands in the neck	
6.	Chest – Heart With special reference to any tubercular cadencies	
7.	Spinal cord	
8.	a) Urine b) Faeces	
9.	Spleen – liver Files & varicose veins	
10.	Any special Needs, defect, or disease e.g., defects of speech, local twitching or spasms or other nervous disorders.	
11.	General observations. If special care is desirable, please specify.	

HOSPITAL TREATMENT

Please note that the medical fee paid to the Institute covers for the cost of drugs at the Institute’s dispensary and the Doctor’s scheduled visits to the Dispensary. The fees do not cover medical treatment.