

 <b>ZETECH UNIVERSITY</b>	Zetech University P.O.Box 2768-00200,Nairobi Mobile:0719034500 E-mail:records@zetech.ac.ke,admissions@zetech.ac.ke Website:www.zetech.ac.ke	
	<b>REGISTRAR ACADEMICS</b>	
STUDENT ADMISSIONS PACKAGE	<b>Reference</b>	<b>F-7-4</b>
	<b>Issue/Rev.</b>	<b>1/4</b>

**Instructions:** (A student should bring this form duly filled and signed during admission.

A student is not allowed to start classes without submitting this form for Verification).

**SECTION A**

(PART I To be filled by student)

STUDENT NAME ..... CONTACT .....

ADMISSION NUMBER .....INTAKE ADMITTED.....

COURSE ADMITTED. ....

**PARTII: Verification of documents (For official use only)**

PAGES	COMMENT
1 OF 4	
2 OF 4	
3 OF 4	
4 OF 4	

VERIFIED BY ..... SIGN ..... DATE .....

**Part III: Authentication of original documents e.g ID or Birth certificate, KCSE, Transcripts etc.**

Verification of original documents	Comment

VERIFIED BY ..... SIGN ..... DATE .....

**PART IV: Payment confirmation**

Total fees	Fees paid

VERIFIED BY .....SIGN ..... DATE.....

**PART V: Form submission and processing of student ID**

	COMMENT

VERIFIED BY .....SIGN ..... DATE.....



**SECTION B.MEDICAL EXAMINATION**

**PART I (To be completed by the Student)**

(a) Have you ever been admitted into a hospital? YES/NO If yes, state reason for admission and date: \_\_\_\_\_

(b) Have you had any of the following illnesses?

Tuberculosis or other chest infection Yes/No \_\_\_\_\_

Fits, Nervous disease or fainting Attacks Yes/No \_\_\_\_\_

Heart disease or rheumatic fever Yes/No \_\_\_\_\_

Any disease of genitor-urinary system Yes/No \_\_\_\_\_

Allergies to food or drug Yes/No \_\_\_\_\_

Malaria Yes/No \_\_\_\_\_

Sexually Transmitted disease Yes/No \_\_\_\_\_

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

(c) If there are any other relevant details of your medical history not covered by the above, please give particulars.

(d) Has any member of your family suffered from

(i) Tuberculosis? Yes/No \_\_\_\_\_

(ii) Insanity or mental illness Yes/No \_\_\_\_\_

(iii) Diabetes Mellitus Yes/No \_\_\_\_\_

(e) Have you been immunized against any of the following diseases:-

(i) Smallpox Yes/No \_\_\_\_\_ Date: \_\_\_\_\_

(ii) Tetanus Yes/No \_\_\_\_\_ Date: \_\_\_\_\_

(iii) Poliomyelitis Yes/No \_\_\_\_\_ Date: \_\_\_\_\_

(f) .Emergency contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ contact \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ contact \_\_\_\_\_

Authorized on 06/06/2023



**PART II (To be completed by the examining Medical Officer)**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**VISUAL ACUITY**

Without Glasses R.6/ L.6/

With Glasses R.6/ L.6/

Hearing Right Ear Left Ear

Condition of : Teeth \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Lymphatic Glands \_\_\_\_\_

Circulatory System \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Pulse \_\_\_\_\_ Systolic \_\_\_\_\_

Diastolic \_\_\_\_\_

Respiratory System \_\_\_\_\_ X-ray Chest if necessary \_\_\_\_\_

(chest x-ray film to bring to the university medical officer during Admission)

Abdomen \_\_\_\_\_ Spleen \_\_\_\_\_

Any Evidence of Hernia \_\_\_\_\_

Urine \_\_\_\_\_ Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Any observation defects in addition to the general record of observation. \_\_\_\_\_

Blood Khan Test \_\_\_\_\_

Any other Observation of importance \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Address \_\_\_\_\_ Stamp \_\_\_\_\_



REG-F-7-4

**PART III :MEDICAL INSURANCE COVER :**

ALL students are required to have the National Hospital Insurance Fund medical cover and /or medical insurance from any other accredited medical scheme.Students under NHIF cover should nominate a medical facility for outpatient services while on campus .Astudent can register as dependant under parent /guardian or as individual contributor.Any medical service beyond the cover will be borne by the student.

S/NO	NAME OF INSURER (e.g. NHIF, MADISON, JUBILEE, BRITAM etc.)	CARD NO	OUTPATIENT HOSPITAL	TOWN
1				
2				
3				

**SECTION C:EXTRA-CURRICULAR ACTIVITIES**

**Games /Sports:**

- Which games or sports are you interested in \_\_\_\_\_
- Did you represent your school in any sporting activity? \_\_\_\_\_ If yes, up to what level.

\_\_\_\_\_

**Clubs, Societies and Hobbies**

Which clubs, societies or hobbies are you interested in? Please give details of your participation. \_\_\_\_\_

Any other useful information that can improve the student welfare. \_\_\_\_\_

\_\_\_\_\_

**SECTION D :DECLARATION**

I \_\_\_\_\_ National Identity Card /Birth

certificate/passport Number \_\_\_\_\_ Admission Number \_\_\_\_\_ Do hereby declare that I have read the Rules and Regulations governing the Institution and Discipline of Students at the University, have understood their content and meaning and undertake to abide by them.

I also declare that the information submitted in the admission form is correct.

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

Authorized on 06/06/2023

