



# KISII UNIVERSITY TVET INSTITUTE

P.O. Box 408 – 40200  
Kisii, KENYA

[info.tvet@kisiiversity.ac.ke](mailto:info.tvet@kisiiversity.ac.ke)  
[www.kisiiversity.ac.ke](http://www.kisiiversity.ac.ke)

Tel.: 020 261 0479  
Cell: +254 724 451 932

Student Name..... Adm/Reg.

**KSU 7B**

No..... Date..... Phone Number.....

Signature.....

## PART II (To be Completed by a Medical Officer at a Government Hospital)

a) Vision..... b) Hearing.....

c) Circulatory System

Pulse..... Blood Pressure ..... Systolic

..... Heart.....

d) Chest exam (X-ray if necessary).....

e) Is the student on any treatment Yes / No ..... if so, give details

f) Any observations of importance.....

Name of examining doctor.....

Signature..... Official stamp.....

## PART III (To be completed by Kisii University Medical Officer)

Special Remarks

Is the student fair for university education? Yes / No .....

Signature: ..... Date: .....



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**CHIEF MEDICAL OFFICER/ MEDICAL OFFICER KISII UNIVERSITY**

**KSU 8**

## EMERGENCY OPERATIONS

Candidates Name.....

First

Middle

Last/Surname

Admission/Reg. No: .....ID No./KCSE Index No.....

Course Admitted to..... School.....

This applies to the students who are minors (i.e. persons under 21 years of age). Approval of your parents (or guardians) is required for the Medical Officer of Kisii University to give consent on their behalf, for an emergency operation to be carried out on you should a situation calling for an operation arise. Parents (or guardians) are therefore required to complete the consent form below if you are under 21 years of age.

## FORM OF CONSENT

I Agree that the chief medical officer of Kisii University may consent an emergency operation being performed on: .....

If it is not possible to contact me on time.

Name of Parent / Guardian/ Next of Kin .....

Contact Address..... Phone .....

Relationship: .....

Signature:..... Date: .....