

MINISTRY OF EDUCATION
STATE DEPARTMENT OF VOCATIONAL AND TECHNICAL TRAINING
MATILI TECHNICAL TRAINING INSTITUTE



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MEDICAL EXAMINATION CERTIFICATE

NOTE: Applicants for entry to the College must get this form completed by a registered Doctor. **PAYMENTS FOR EXAMINATION & TREATMENT ARE THE RESPONSIBILITY OF THE APPLICANT.**

NAME: _____ **COUNTY:** _____

1.	Eye and Vision : Unaided Right – Left? Aided Right - Left? ColourBlind Visual Field	
2.	Nose & Throat: Is Nasal Breathing Habitual? Adenoids?	
3.	Ears: Hearing Voice – Right? Left?	
4.	Mouth & Teeth	
5.	Glands In The Neck	
6.	Chest – Heart With Special Reference To Any Tubercular Cadencies.	
7.	Spinal Cord	
8.	a) Urine b) Feces	
9.	Spleen- Liver Files & Varicose Veins.	
10.	Any Special Weakness, Defect or Disease e.g.Defects of Speech, Local Witching or Spasms or other Nervous Disorder, VeneralDisease or Rheumatic Tendency.	
11.	General Observations. If Special Care Is Desirable In Any Special Direction, Please Give Particulars.	

HOSPITAL

Please note that the medical fee paid to the institute covers for the cost of drugs at the institute's dispensary

The fees do not cover hospital treatment.

All correspondence to be addressed to the Principal