

KTVC FORM 1C

KIPSOEN TECHNICAL & VOCATIONAL COLLEGE

CERTIFICATE OF MEDICAL EXAMINATION

This certificate of medical examination must be completed by Government Doctor and **MUST** be submitted to the college during registration. Doctors are kindly requested to allow candidates to bring the completed form to the Institute after medical examination.

TO THE MEDICAL PRACTITIONER

REF: Mr./Mrs./Miss

Is seeking admission into **KIPSOEN TVC**. The college requires medical report and opinion from a certified medical practitioner on the candidate's fitness to pursue the course. Please examine the candidate and send any confidential findings and opinion under confidential cover to:

**The Principal,
Kipsoen Technical and Vocational College,
P.O Box 344-30700,
ITEN,**

CLINICAL TEST RESULT

- a) Vision
.....
- b) Hearing
.....
- c) Physical Handicaps (if any)
- d) Any previous epileptic record
.....
- e) Any clinical findings including signs of communicable diseases
.....
.....
- f) Your comment on any aspects, which the Institute needs to follow up to help the candidate pursue his/her course satisfactorily.
.....
.....

KINDLY TURN TO NEXT PAGE:

CERTIFICATE:

The candidate named above has been examined by me today and I can/cannot certify he/she is medically fit for the course.

Doctor's Name

Signature

Address

Date

Official stamp