

 <div style="text-align: center;"> ZETECH UNIVERSITY Inventing the future </div>	Zetech University Main Campus Off Thika Road, Ruiru P.O. Box 2768-00200, Nairobi Mobile: 0719 034500 E-mail: info@zetech.ac.ke Website: www.zetech.ac.ke	
	REGISTRAR ACADEMIC AFFAIRS	
STUDENT ADMISSIONS PACKAGE	Reference	F-7-4
	Issue/Rev.	1/5

Instructions: (A student should bring this form duly filled out and signed during admission. A student cannot 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.

PART II: Verification of documents (For official use only)

PAGES	COMMENT
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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 to a hospital? YES/NO If yes, state the 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 the 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: _____

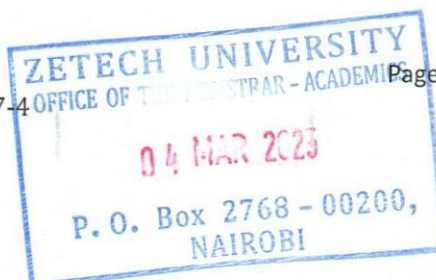
(f) . Emergency contacts

1. Name _____ Relationship _____ Contact _____

2. Name _____ Relationship _____ Contact _____

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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 _____

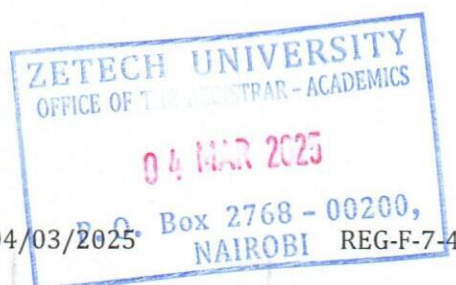
Urine _____ Albumin _____ Sugar _____

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

Blood Khan Test _____

Any other Observation of importance _____

Date _____ Signature _____ Address _____ Stamp _____



Authorized on 04/03/2025

PART III: MEDICAL INSURANCE COVER :

All students are required to have the Social Health Authority medical cover and /or medical insurance from any other accredited medical scheme. Students under SHA cover should nominate a medical facility for outpatient services while on campus. A student can register as a dependant under parent /guardian or as an individual contributor. Any medical service beyond the cover will be borne by the student.

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

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 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: _____

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