



ZETECH
UNIVERSITY

**Zetech Business &
Technical Institute**

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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
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 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 _____



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:_____

