



EAST AFRICAN SCHOOL OF AVIATION
OFFICE OF THE REGISTRAR (ACADEMICS)

EASA ADMISSION No: _____

STUDENT ENTRANCE MEDICAL EXAMINATION

IMPORTANT: Students should bring this form duly signed during registration.

NOTE: A chest X-ray may be required if the doctor examining a student feels that it is necessary. The film and report should be given to the student to bring to the school during the registration period.

Part I: (a) SURNAME _____ OTHER NAMES _____

DATE OF BIRTH _____ SEX _____

NATIONALITY _____

RELIGION _____ SINGLE/MARRIED _____

NAME, ADDRESS AND TELEPHONE NUMBER OF PARENT/GURDIAN

NEXT OF KIN _____

(b) Have you ever been admitted into a hospital? _____

If so, state reason for admission and date: _____

(c) Have you ever had any of the following illnesses?

Tuberculosis or chest infection? Yes/No _____

Fits, Nervousness or fainting attacks? Yes/No _____

Heart disease or rheumatic fever Yes/No_____

Any disease of 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 and provide dates.

(d) If there are any other relevant details of your medical history not covered by the above, please give particulars.

(e) Has any member of your family from

(i) Tuberculosis Yes/No_____

(ii) Insanity or mental illness Yes/No_____

(iii) Diabetes Mellitus Yes/No_____

(f) Have you ever been immunized against the following diseases

(i) Small Pox Yes/No_____

(ii) Tetanus Yes/No_____

(iii) Poliomyelitis Yes/No_____

Students Signature_____

Authorization for emergency surgery: Name:_____ Tel:_____

Parent/Guardian Authorizing signature if student is under 18 years of age_____

PART II (To be completed by the examining Medical Officer)

(a) Height _____ Weight _____

(b) VISUAL ACUITY

Without Glasses

R.6/

L.6/

With Glasses

R.6/

L.6/

(c) Hearing

Right Ear

Left Ear

(d) Condition of

Teeth _____

Nose _____

Throat _____

(e) Lymphatic Glands

Circulatory System _____

Blood Pressure _____ Pulse _____

Systolic _____ Diastolic _____

(f) Respiratory System _____

(g) _____

X-Ray Chest if necessary _____

THE STUDENT TO BE GIVEN THE CHEST X-RAY FILM AND REPORT TO BRING TO THE SCHOOL DURING REGISTRATION

(h) Abdomen _____

Spleen _____

Any evidence of Hernia _____

Any evidence of Hemorrhoids _____

(i) Urine _____ Albumin _____ Sugar _____

(j) Any observation defects in addition to general record of observation

Blood Khan Test _____

Any other observation of importance _____

Date:- _____ Signature:- _____
Address _____

Rubber Stamp _____

PART III

(To be completed at the EASA)

SPECIAL REMARKS

Fit/unfit for admission

Is/is not on treatment

DATE: _____ SIGNATURE: _____

**MEDICAL OFFICER
EAST AFRICAN SCHOOL OF AVIATION**