



**MINISTRY OF EDUCATION**  
 (State Department of Vocational & Technical Training)  
**KIENI TECHNICAL AND VOCATIONAL COLLEGE**  
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KTC/ADM/F-02

**CERTIFICATE OF MEDICAL EXAMINATION**

**STUDENT DETAIL'S**

1. Name of candidate:.....
2. Date of Birth:.....

**AREA TO BE EXAMINED MEDICALLY**

1. Vision
2. Hearing
3. Speech
4. Posture
5. Physical/defects/Deformities, If Any
6. Symptoms on any infectious disease

**CERTIFICATE**

I Doctor.....have this  
 date.....examined.  
 .....and found him/her , fit/not fit for training course  
 as a.....

Signature: .....

Designation: .....

Address: .....

Date: .....

*[Handwritten Signature]*

**(OFFICIAL STAMP OF M.O.E)**