COUNTY GOVERNMENT OF KAJIADO

DEPARTMENT OF HEALTH SERVICES.

TELEPHONE: 0711441409 **KITENGELA SUB COUNTY HOSPITAL**

EMAIL: ksch@gmail.com **P.O BOX 537-00242, Kitengela**

NAME: BENJAMIN NJAI **ID NO.** 38898980 **SEX:** MALE

RESIDENCE: NYEAI **AGE:** 29 **phone** 0794192527

HISTORY OF CHRONIC ILLNESS

1.	TB	YES [ ]	NO [✓]
2.	MENTAL ILLNES/ EPILEPSY	YES [ ]	NO [✓]
3.	HEART DISEASE	YES [ ]	NO [✓]
4.	ALLERGY	YES [ ]	NO [✓]

If Yes, give details .....

Any physical disability YES [ ] NO [✓]

If any, explain .....

MEDICAL EXAMINATION.

a) Eyes ..... NAD .....
b) Ears ..... NAD .....
c) Teeth ..... NAD .....
d) Throat ..... NAD .....
e) Respiratory system ..... NAD .....
f) Abdomen ..... NAD .....
g) Heart ..... NAD .....
h) Other relevant observation ..... N/A .....
i) Pregnancy test ..... N/A .....
j) Stool ..... NIL .....
k) Urine ..... NIL .....
l) Communicable diseases ..... NIL .....

CONCLUSION..... THE ABOVE NAMED INDIVIDUAL IS PHYSICALLY/MEDICALLY FIT FOR EMPLOYMENT .....

DATE ..... 1/04/2025 .....

NAME OF MEDICAL OFFICER ..... TORIKO ISAAC

SIGNATURE OF MEDICAL OFFICER .....

STAMP .....

MEDICAL SUPERINTENDENT
KITENGELA SUB-COUNTY HOSPITAL
01 APR 2025
P. O. Box 537-00242,
KITENGELA.