



MASENO UNIVERSITY

SCREENING FORM FOR STUDENTS WITH PRE-EXISTING MEDICAL CONDITIONS

INTRODUCTION

The purpose of this form is to help identify students with special needs hence support them continue learning during the COVID-19 pandemic. Special needs refer to pre-existing medical conditions that can make someone more vulnerable to COVID-19 complications with worse outcomes compared to normal population. The University gives an assurance that this information will be treated with the confidentiality it deserves.

PERSONAL IDENTIFICATION

Name: _____
 Reg. No: _____ Gender _____
 Year of Birth: _____
 Phone No.:- _____
 Email address: _____
 County of origin _____
 Sub County: _____
 School: _____ Department: _____

CO-MORBIDITY

Do you have any co-morbidity (illness) that may not enable you to continue with your studies normally during this COVID-19 pandemic?

YES _____ NO _____

If yes, report to University Medical Officer for assistance.

I certify that the information provided is correct.

Signature _____ Date _____

FOR OFFICIAL USE ONLY.

Recommendation by University Medical Officer.
