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Date: 05.03.2026 03:31 PM

**091906T4HRI**

**HEALTH RECORDS AND INFORMATION TECHNOLOGY LEVEL 6**

**HE/OS/HR/CR/07/6**

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**MANAGE ELECTRONIC HEALTH**

Date: 05.03.2026 03:31 PM

**March/April 2026**

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**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION  
COUNCIL (TVET CDACC)**

**PRACTICAL ASSESSMENT**

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**Time: 1 HOUR**

**INSTRUCTIONS TO CANDIDATE**

1. You are required to perform the following tasks:

**TASK 1: Design the following Patient Registration Form using Microsoft word.**

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**PATIENT REGISTRATION FORM**

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**(KINDLY FILL IN BLOCK LETTERS)**

<b>SECTION A</b>		Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM
First Name		
Middle Name	Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM	
Surname		
Occupation		
Date Of Birth		
Gender		
Marital Status		
Telephone Number		

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Residence	
Religion	Printed By: Amref International Training Center
Nationality	Date: 05.03.2026 03:31 PM
Email Address	
National ID No./Passport No.	Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM
Brought In By	
<b>SECTION B</b>	
Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM	
<b>NEXT OF KIN DETAILS</b>	
Name	
Relationship	
Residence	
Telephone Number	Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM
<b>SECTION C</b>	
<b>MODE OF PAYMENT</b>	
CASH	Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM
INSURANCE	
SCHEME NAME	Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM
CORPORATE	Printed By: Amref International Training Center Date: 05.03.2026 03:31 PM

FILLED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**TASK 2:** Fill the Designed Patient Registration form with patient dummy details.

**TASK 3:** Send the duly filled patient Registration form to the email provided as a PDF.

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2. You are provided with the following resources;

- Computer installed with MS office
- Computer accessories, power source

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- **Email address**
- **Internet**

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