



SEETA PARENTS PRIMARY SCHOOL

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MEDICAL FORM

NOTE: TO BE FILLED IN BY A QUALIFIED MEDICAL PERSONNEL

NAME: _____ SEX: _____ AGE: _____ CLASS: _____

1. GENERAL PHYSICAL EXAMINATION

A) VITAL SIGNS

Temperature: _____

Pulse: _____

Respiratory rate: _____

Blood pressure: _____

B) HEENT

i) Head: _____

ii) Eyes: _____

iii) Ears: _____

iv) Nose: _____

v) Throat: _____

C) REVIEW OF OTHER SYSTEMS

i) Respiratory/ Cardiovascular system: _____

ii) Abdominal Examination: _____

iii) CNS Examination: _____

D) ANY SIGNIFICANT PAST MEDICAL/ SURGICAL Hx:

(Please include any hx of allergies and chronic illness)

2. LABORATORY INVESTIGATIONS

i) Malaria (RDT/ B/s): _____

ii) Widal Test: _____

iii) CBC: _____

iv) Urinalysis: _____

3. IMMUNISATION HISTORY *(List diseases immunisable against)*

4. DEWORMING *(Last date of deworming)*

5. TREATMENT Hx *(Any medication the child is currently taking)*

6. ANY SPECIAL CARE/ PRECAUTION THE SCHOOL SHOULD TAKE

Name of Doctor: _____ Signature: _____

Hospital stamp & Signature: _____ Contact: _____