



SEETA PARENTS PRIMARY SCHOOL LTD (DAY AND BOARDING)

P.O BOX 254

Mukono - Uganda

Mob: 0772 - 421 031

0712 - 421 031

0701 - 421031

Our Ref.....

Date:

Your ref:.....

MEDICAL FORM TO BE FILLED IN BY A QUALIFIED MEDICAL PERSONNEL

NAME: _____ AGE: _____ CLASS: _____

1. GENERAL EXAM/HEAD TO TOE

A) HEAD

Scalp _____
Eyes _____
Ears _____
Nose _____
Throat _____

B) REVIEW OF SYSTEMS

i) Respiratory system _____
ii) Cardio vascular system _____
iii) Urinary system _____
iv) Gastro-intestinal system _____

C) ANY KNOWN CHRONIC ILLNESS/DISEASES

(IF YES) Recommended management _____

D) ANY ACUTE ILLNESS

Sts Management _____
Need for medical review and how often? _____

2. LABORATORY INVESTIGATIONS

- Urinalysis _____
- B/s for mps _____
- Widal test _____
- CBC _____
Abdomen _____

3. LIST IMMUNIZED DISEASES (tick where necessary)

	1 st	2 nd	3 rd
Hepatitis B			
Cervical cancer			
Yellow fever			

4. ANY ALLERGIES

a) DRUGS _____
b) FOOD _____

PHYSICIANS DECLARATION

I affirm that this child has been examined physically, mentally and psychologically and his/her state allows him/her to be in school.

Name of doctor _____ signature _____

Hospital stamp & signature _____ contact _____