OUR LADY OF AFRICA S.S MUKONO
P.O BOX 128 SEETA – MUKONO
TEL: 0785-525931 / 0755 - 473014
MEDICAL EXAMINATION FORM

The student should present him/her self for examination to the medical Officer with this form and bring it fully completed to the secretary Our Lady of Africa S.S (Mukono)
Name ……age……..sex……..
Place of birth …… Nationality…… …… Address……..

Have you ever suffered from the following infections?
If so; please give details, date and where you were treated
Rheumatic fever …… Typhoid ……..
Dysentery …… Cholera……
State if you have ever suffered from other diseases apart from the ones mentioned above
……
History of the past illness?……
Present complaints……
Recurrent malaria……
State of heart……

Please Doctor, specify whether the student is normal or not because this has been a common sickness especially among
girls……..
Blood pressure ……..
Eyes ……
Ears ……

INVESTIGATIONS: *Abdomen (i) pregnancy in case of female?*
Chest X-Ray report ……
Please state whether the student will require special diet due to:-
Health or allergy ……
Other observations or relevant findings……..
I have examined the above –mentioned person, I consider that he / she is medically fit/unfit for the school programmes.
Remarks:……
……

Name and address of the Medical/Clinical Officer ……
Date …… Signature ……

Official Stamp……