

SCHOOL OF HYGIENE –MBALE
MEDICAL FORM ON ADMISSION

PART A:

Instructions:

1. This form should be filled by a Medical Officer in a Health Facility of Health Centre IV (Sub-District Hospital) level and above. It should bear an official stamp.
2. To be submitted to the School Health Center after verification by the Academic Registrar's Office.

PART B:

To be complete by the student:

Personal particulars

Name of studentAgeSex

Address; DistrictS/CountyVillage

Contact Signature Date

Next of Kin.....Relation.....Contact.....
signatureDate.....

PART C.

To be Completed by recognized Medical/Health practitioner

- 1) Do you have eye problems.....?
 - i) Visual acuity corrected/uncorrected.....
 - 2) Do you have oral problems?
 - i) Dental caries, periodontal caries, Dentures, jaw fractions, splits. Etc.
 - 3) Respiratory system
 - i) Do you have chronic Asthma.....?

If yes, when were you last hospitalized.....

Attach treatment detail here

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 - ii) Have you ever suffered from TB/currently on TB treatment
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 iii) If currently on TB treatment state the Regimens

 iv) Any chest x-ray\other investigations done attach the results

- 4) Laboratory investigations done
 a) Urine
 b) Hepatitis B
 c) Typhoid
 d) Brucellosis.....
 e) Blood sugar
- 5) Blood pressure..... Pulse
 heightweight.....
- 6) Do have any drug Allergies and reactions, if yes attach the details.....
- 7) Any other chronic Disease/condition that may require special attention, please attach a detailed and complete medical treatment and investigations done

- 8) Other relevant medical, mental and physical observations carried.

- 9) Remarks/recommendations

Date and official stamp.

Cadre and signature of the Examining Officer.....