

SCHOOL OF HYGIENE –MBALE
MEDICAL FORM ON ADMISSION

To be complete by the student

PART A

Personal particulars

Name of studentagesex

Address; DistrictS/CountyVillage

Contact Signature Date

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

To be submitted to school Health center on reporting

PART B.

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

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

a) Urine

b) Hepatitis B

c) Typhoid

d) Brucellosis.....

e) Blood sugar

5) Blood pressure..... Pulse

height weight.....

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

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

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9) Remarks/recommendations

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Date and official stamp.

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