



Little Muheji Kindergarten and Primary School

P.O. Box 26337 Kampala; 0393-239-209; 0776967210; 0772419770

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MEDICAL FORM

Child's surname: Other names:.....

Class/stream: Gender:..... Age:.....

Parent/Guardian's Name.:..... & Tel. No

LAB INVESTIGATIONS:

Widal Test:.....

Urine HCG (Girls):

Full-Blood Account:

Others:

DOCTOR'S REPORT:

1. Weight Height:..... BMI:..... BP:.....
2. Any chronic disease:
3. Heart: is there any evidence of disorder?
4. Eyes: Teeth:
5. Ears:
6. Abdomen: (a) Chronic Ulcers:
7. Chest: (a) T.B:
8. Skin:
9. Any allergies that need attention?
 - (a) Food
 - (b) Medicine
10. Any other relevant information you would like the administrators to take note of:

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DOCTOR'S NAME AND TEL:

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DOCTOR'S SIGNATURE AND OFFICIAL STAMP

This form must be produced on the first day of arrival at school