



# Little Muheji Kindergarten and Primary School

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

[info@littlemuhejiskool.org](mailto:info@littlemuhejiskool.org); [limsdesk@gmail.com](mailto:limsdesk@gmail.com) [www.littlemuhejiskool.org](http://www.littlemuhejiskool.org);

## **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:

.....

.....

DOCTOR'S NAME: .....

.....  
**DOCTOR'S SIGNATURE AND OFFICIAL STAMP**

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

*For any inquiries, please call;*

**PRINCIPAL (0776967210)**

**ADMISSIONS (0750001042)**

**HEADTEACHER (0750001040)**

**DIRECTOR OF STUDIES (0750001056)**

**ACCOUNTS (0750001052)**

**TRANSPORT: (0750001060)**