

# ST. HENRY'S COLLEGE KITOVU

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## MEDICAL EXAMINATION FORM

Parents are strongly advised to present their sons to a competent medical practitioner for thorough examination before the boy is brought to begin the term.

Student's Name:.....

Date of Birth:..... Age:.....

### Health Problems

Laboratory Report on Malaria, Urine, Stool, Typhoid fever, Asthma, Ulcers, Blood pressure, Blood Sugar level  
(Mention any other type of ailment)

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.....

What important matter would you wish to report about the state of your son's health?(State it clearly)

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Dentist's, Oculist's Report.....

Is your son on any medication?.....

Recommendations/Advice by the Medication Officer:.....

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.....

Medical Officer's Name:.....

Tel. No.....

### Date and Stamp

I certify that the above information is complete and true. I understand that, inaccurate or false information may make my son's medical form invalid.

Parent/Guardian's Name:.....

Tel. No..... Date:.....

(This information will be handled by the College Medical Personnel)