

GREENVILLE HIGH SCHOOL  
P. O. BOX 16561 KAMPALA

Insert Passport  
size photo

MEDICAL EXAMINATION FORM

ALL STUDENTS SHOULD REPORT WITH THIS FORM. NO STUDENT WILL BE ALLOWED  
WITHOUT THIS FORM. IT SHOULD BE HANDED OVER TO THE  
DEAN / MATRON.

**PART I** [*To be filled by the student*]

NAME.....CLASS.....

AGE.....SEX .....

**PARENT / GUARDIAN'S PART**

NAME.....

HOME ADDRESS.....TEL.....

PLACE OF WORK.....

PLACE OF RESIDENCE.....

AGE.....SEX.....NATIONALITY.....

Have you had any serious illness or accident? *Tick appropriately* yes  no

If so, state the nature and when it occurred.....

Have you ever been hospitalized? *Tick appropriately* yes  no

If so, why?.....

Do you suffer from any allergy to any food or substance or drugs? *Tick appropriately* yes  no

Have you ever had any fits? *Tick appropriately* yes  no

Have you suffered from psychological disorder? *Tick appropriately* yes  no

If so, state the nature.....

Have you ever had any discharge from the ears? *Tick appropriately* yes  no

Were you vaccinated against Tetanus, BCG, Polio Pertussis, Measles, Mumps, Rubella  
Hepatitis?.....

**A. PART II [To be filled by the medical officer]**

Name of Student.....

Weight.....Height.....Blood Pressure.....

**B. DETAILS OF ANY PAST ILLNESS.**

.....  
.....  
.....  
.....

**Give the condition of the following;**

Heart.....

Ears.....

Teeth.....

Eyes.....

Chest.....

Limbs.....

Does the student have any skin problem? .....

Genitalia, look for any abnormalities.....

Urine sugar, microscopy [*if any is present*].....

How is the abdomen? [*Any sighs of pregnancy, hernias, etc*].....

Is there any mental problem? .....

Pregnancy test for girls [*positive / negative*] .....

Other observations / relevant findings.....

**I HAVE EXAMINED THE ABOVE NAMED STUDENT**

Date.....

Name.....Address.....

Signature.....Official Stamp / Company Logo.....