

# HOLY CHILD CATHOLIC SECONDARY SCHOOL, ADO-EKITI.

## MEDICAL REPORT FORM

(This form should be completed by all new students of the school.)

(A) **PERSONAL DATA** (To be filled by the student)

NAME:.....

AGE:.....SEX:.....DATE OF BIRTH:.....

PLACE OF BIRTH:..... AGE AT LAST BIRTHDAY.....

TOWN:..... LGA:.....

STATE:..... NATIONALITY:.....

### MEDICAL HISTORY OF THE STUDENT (To be completed by the Parents)

(i) Does your child has any childhood illness? Yes/No

If yes state the nature of illness.....

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(ii) Has He/She a known Asthmatic Patient? Yes/No

If yes when was it diagnosed.....

When does He/She have last attack.....

(iii) Has He/She a known sickler? Yes/No

(iv) Any previous admission into Hospital? Yes/No

If yes state the nature of illness:.....

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(v) Does He/She on any drug to be taken regularly? Yes/No

If yes state the type(s).....

(vi) Has He/She been transfused with blood before? Yes/No

If yes when.....

(vii) Does He/She reacts to any drug or food? Yes/No

If yes state the nature.....

(viii) Has He/She been operated upon before? Yes/No

If yes state the nature of operation.....

(ix) Did your child receive any immunization?

Tick appropriate

(a) BCG Yes/No

(b) Polio Virus Vaccine Yes/No

(c) Diphtheria, Pertusis, Tetanus Yes/No

(d) Measles Yes/No

(e) Yellow Fever Yes/No

(f) Meningitis Yes/No

(x) Indicate any additional information about your ward that can help to look after Him/Her medically.

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**(c) MEDICAL HISTORY AND PHYSICAL EXAMINATION**

(To be completed by the Medical Officer)

**(a) GENERAL EXAMINATION**

Eyes                      Normal/Abnormal  
Nose                      Normal/Abnormal  
Ears                      Normal/Abnormal  
Gail                      Normal/Abnormal

**(b) VISUAL ACUITY**

Right Eye    — Without glasses  
                  \ With glasses  
Left Eye     — Without glasses  
                  \ With glasses

**(c) Cardio Vascular System Examination**

BP.....Pulse rate.....  
Chest Examination.....

*(Comment)*

Abnormal Examination Hermia/No Hermia

**(d) RESULTS OF INVESTIGATION**

Blood group..... Genotype.....  
Stool Microscopy..... Urinalysis.....  
CXR..... PCV.....  
Hepatitis B & C ..... HIV.....

**(e) Medical Officer's Comments**

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