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 have any childhood illness? Yes/No

If yes state the nature of illness……

…….....

(ii) Has she/he a known Asthmatic Patient? Yes/No

If yes when was it diagnosed

……

When does she/he have last attack……

(iii) Has she/he a known sickler? Yes/ No

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

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

…….

(v) Does she/he on any drug to be taken regularly? Yes/No

If yes state the type(s)…….

(vi) Has she/he been transfused with blood before? Yes/No

If yes when……..

(vii) Does she/he reacts to any drug or food? Yes/No

If yes state the nature…….....

(viii) Has she/he 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, Pertussis, 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 His/hers 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

BP…….Pulse rate…….

Chest Examination…….....

(Comment)

Abnormal Examination Hermia/ No Hermia

(c) RESULTS OF INVESTIGATION

Genotype…….	Urinalysis……....
CXR……	PCV……..
Hepatitis B & C……..	HIV……

(d) Medical Officer's Comments

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