



BRIGHT COLLEGE NAWAWENDE

DAY & MIXED SECONDARY SCHOOL

P.O. Box 1460, Nawanyago, Kamuli

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Our ref: *BCN/BG/09*

Your ref:

Date:

MEDICAL EXAMINATION REPORT

MEDICAL HISTORY

To be filled by Parent/Guardian

Has your child ever suffered from any of the following

Yes/No?

- a. Allergy to drugs (Name them).....
- b. Asthma.....
- c. Convulsion or fits.....
- d. Nasal bleeding.....
- e. Recurrent malaria.....
- f. Swelling of feet.....
- g. Breathing difficult.....
- h. Sickle cells.....
- i. Enuresis (bed wetting)
- j. Ever been admitted of a serious illness. (Name the disease).....
- k. Menstrual pains (for girls).....
- l. Cardiac problem.....
- m. **History of immunization:**

Has your child been immunized against the following?

BCG, Polio, Measles, DPT, Hepatitis.....

(Not, come with a duplicate of the child's immunization card)

B MEDICAL EXAMINATION

To be filled by the school nurse.

Anemia..... Jaundice.....

Edema.....

Adenopathy..... Skin rashes.....

Skin/Scalp fungal lesions.....

SpleenLiver..... Slight.....

Hearing.....

Other organismegally.....

Dental problem.....

Respiratory system.....

Cardia vascular.....

Muscular skeletal system.....

Any deformities.....

Nurse's Name.....

Address.....

Date.....

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