



MEDICAL EXAMINATION REPORT

Name of child: Class :

TO BE FILLED IN BY QUALIFIED MEDICAL PERSONNEL

- 1. HISTORY OF ANY MEDICAL CONDITION:
- 2. HISTORY OF SURGICAL CONDITIONS.....
- 3. STATE WHETHER CHILD HAS ANY OF THE FOLLOWING:
 - a) Allergic Reactions
 - b) Asthmatic Conditions
 - c) Sickle cell Disease
 - d) Any Other Hereditary Disease

4. PHYSICAL EXAMINATION

- a) EXT. Ears
- b) Nose
- c) Throat
- d) Eyes R L

State whether eyes need correction

5. SYSTEMIC EXAMINATIONS Observations:

- a) Respiratory system.....
- b) Genital urinary system.....
- c) Gastrointestinal examination.....
- d) Skin.....
- e) Mental condition
- f) Dental examination

6. LAB INVESTIGATIONS

1) BLOOD: B/S FOR – MPS.....

WIDAL

2) Urinalysis:

Hep. B..... Yes No.

3) STOOL WORM/Parasites..... Yes No

4) Malaria Prophylaxis Yes No.

5) Covid-19 Symptoms – Fever Yes No.

Running nose (flu)

Cough

General weakness.....

6. OTHER CONDITIONS OBSERVED THAT NEED ATTENTION BEFORE ADMISSION TO SCHOOL

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7. STATE HERE CONDITIONS THAT REQUIRES CONTINUED ATTENTION AND FOLLOW UP AT SCHOOL

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Date of Examination:

Signature of Medical Officer.....

Official stamp