



VIENNA COLLEGE, NAMUGONGO

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MEDICAL EXAMINATION FORM

The candidates for registration should present themselves for examination to their District Medical Officer or any other qualified practitioner with this form.

Part 1 (To be Completed by the Applicant)

Name _____

Surname

First Name

Middle Name

Former School _____

Home Address _____

Parents' Name _____

Telephone (Office) _____ Mobile No. _____

Guardian's Name _____

Address _____

Telephone (Office) _____ Mobile No. _____

Have you ever had any serious illness or accident? If so, state the nature of the accident and/or illness when it occurred.

1. Have you ever been a patient in hospital / health centre / dispensary? If yes, for what reason?

2. Have you ever suffered from pneumonia or asthma?

3. Have you ever coughed blood? Yes / No _____

4. Do you suffer from any digestive complaint? Yes / No. _____

5. Have you ever had discharge from the ears? Yes / No. _____

6. Have you ever had any fits? Yes / No. _____
7. When were you last vaccinated against (a) Small pox _____
- (b) Tetanus _____ (c) Polio _____
- (d) cholera _____ (e) Meningitis _____

Name _____

Date _____ **Signature** _____

Part 2 (To be completed by the Medical Examination Officer).

1. Relevant detail of any illness.

2. Is there any evidence of disease of the heart?

3. What is the blood pressure? _____
- Eyes _____ Conjunction _____
- Anemia _____ Jaundice _____
- Visual acuity _____ Other _____
- R _____ L _____
4. **Ears:** any sign of deafness _____
5. Teeth _____
6. Heart murmurs _____
7. Weight _____
8. Genitals _____
9. Height _____
10. Skin _____
11. **Chest:** Is there any evidence of pleurisy of tuberculosis lungs? _____

12. Any sign of pregnancy [in case of female] _____

13. Limbs: Is there any deformity of disability, which would seriously handicap his / her studies? _____

14. Report on the urine _____

15. Other observation or relevant findings _____

(a) I have examined the above mentioned candidate and declare that he / she is medically fit.

(b) Although I have examined the above mentioned candidate the following facts should be considered before his / her admission. _____

(c) Although I have examined the mentioned candidate, he /she should have the following conditions attended to immediately on arrival at the school.

Date: _____ **Signature** _____

Qualification _____

Address _____

Stamp _____