# CRADLELAND SCHOOL

**DAY, BOARDING, KINDERGARTEN & PRIMARY SCHOOL**
**Gayaza Kasangati – Nangabo**
**Office: 0703292470, Tel 0754092380, 0775967855**
**E-mail:** cradlelandschool@gmail.com
Website:www.cradlelandschool.com


## GENERAL MEDICAL EXAMINATION FORM

**Student's Name: ……**

**Class: …… Age: …….. Weight: ……..……**

**History of Asthma: ……..……**

**History of Epilepsy: ……..……**

**Any congenital Abnormalities: ……**

**Any heart problem: ……..**

**Complete urinalysis: ……..……..……**

**Blood slide for Malaria: ……..……..……..**

**HCG Test: ……..……..……**

**Widal:……..……..……**

**H.Pyloric: ……..……..……**

a. **Skin report:……..……..**
b. **Eyes report:……..……**
c. **Dental health report:**

   **……**

d. **d) ENT'S Report :**

   **……..……..**

   **……**

**Doctor's Name:……**

**Name of the Healthy Facility: ……**

**Signature:……Stamp:**