HORMISDALLEN SCHOOLS

P.O. BOX 30223, KAMPALA
Education Has No Money Value
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GENERAL HEALTH INFORMATION FORM

Name of student: ……..…… Class:…….. Age:….. Weight: …… Sex …

Address: ……..……. Contact:……

1. General Examination:
   Sick looking ☐ Health ☐ Temp…….

	Yes	No		Yes	No		Yes	No		Yes	No
Jaundice	☐	☐	Anaemia	☐	☐	Dehydration	☐	☐	Oedema	☐	☐

2. Medical History:
   Is the child on any Treatment …….(Yes / No) If Yes, Specify ……
   Any Drug Reactions ……..……(Yes / No)
3. Chronic illnesses:

	Yes	No		Yes	No		Yes	No
Asthma	☐	☐	Sickle cell	☐	☐	Diabetes	☐	☐
Kidney Disease	☐	☐	Mental illness	☐	☐	Hyper tension	☐	☐
Heart Disease	☐	☐	Cancer	☐	☐	Others ……		

4. Respiratory system
   Respiratory rate ……. SPO_2 ……

	Yes	No		Yes	No
Difficulty in breathing	☐	☐	Chest pain	☐	☐
Cough	☐	☐	Flue	☐	☐
Allergies	☐	☐			

5. Skin

	Yes	No		Yes	No		Yes	No
Eczema	☐	☐	Scabies	☐	☐	Ring worm	☐	☐
Chicken pox	☐	☐	Tinea capitis	☐	☐	Skin Allergies	☐	☐

   Any other specify ……
6. OPTHEMILOGIST'S (Observations & Recommendation)
   L/E…….. R/E……
   ……
7. ENT (Observations & Recommendation)……. ….
8. DENTIST'S REPORT (Observations & Recommendation)
   ……..……
   ……..…….
9. LABORATORY INVESTIGATIONS
   - Urinalysis - B/S/Mrdt - Widal - Covid-19
10. Doctor's Recommendation
    .....
    .....

Doctor …… Sign:……. Date & Stamp

N.B: Lab Results should be attached to this form