**MEDICAL EXAMINATION FORM.**

To be completed by a Government Medical Officer in respect of FORM ONE entrant.

Student’s full name: --------------------------------------------------------------------------------------------

Blood count (red and white): ---------------------------------------------------------------------------------

Stool examination: ---------------------------------------------------------------------------------------------

Urinalysis: -------------------------------------------------------------------------------------------------------

Syphilis test: ----------------------------------------------------------------------------------------------------

T.B test: ----------------------------------------------------------------------------------------------------------

Eye test: ---------------------------------------------------------------------------------------------------------

Ears test: ---------------------------------------------------------------------------------------------------------

Chest test: -------------------------------------------------------------------------------------------------------

Spleen test: ------------------------------------------------------------------------------------------------------

Abdomen test: --------------------------------------------------------------------------------------------------

Blood test: -------------------------------------------------------------------------------------------------------

ADDITIONAL INFORMATION: e.g. physical defect or impairment infections, chronic of family disease, etc.

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I certify that the above is fit for admission into a boarding secondary school.

Signature: ---------------------------------------------

Designation: ------------------------------------------

Station: ------------------------------------------------

Date: ---------------------------------------------------

**OFFICIAL STAMP**