LUMEN CHRISTI INTERNATIONAL HIGH SCHOOL, UROMI.

MEDICAL FORM

To be completed by all new students coming into Lumen Christi Int'l, Uromi.

SURNAME…… OTHER NAMES …….

AGE …….. SEX……

1. **Medical history.**

   Mention any previous illness, (physical or mental) and how it was treated.

   Serious: Yes No

   Asthma: Yes No

   HBSS Yes No

2. **Any Physical deformity:**……

3. **Details of any current medication:** ……

   .....

4. Has/does any member of your family suffered/suffer from the under listed? Yes/No. If yes, please underline which (heart disease, hypertentic disease, asthma, tuberculosis, mental illness, diabetes).

5. Is your child A peptic Ulcer Patient? Yes No

6. Seizure: Yes No

7. Does your child require more than 3 meals and 2 snacks per day? Yes No

8. Does your child react to any particular medication? Yes No

   If yes, indicate ……

I certify that the above history is true to the best of my knowledge.

Signed: ……..

Parents/Guardian.

LUMEN CHRISTI INTERNATIONAL HIGH SCHOOL, UROMI – EDO STATE

MEDICAL TEST FORM

1. Urinalysis Test:……..
2. Stool Analysis and Microscopy Test:…….
3. Chest Xray:…….
4. MP Test:……..
5. Widal Test: …….
6. Mantoux Test:…….
7. Blood Group & Genotype Test:……..
8. RVS:……
9. HBASG:……..

I certify that the above tests were carried out by Dr. ……...

Signed: ……..

Physician.