



ST. LOUIS PRE & PRIMARY SCHOOL

Plot 2214 Block 395 Akright City - Kakunguru Entebbe Road (Bwebajja)
Tel: 0744230832+256 (0) 772311288, Mob: +256 (0) 772467288, 0704311288
Email: stlouiseducationalservices@gmail.com

GENERAL HEALTH INFORMATION FORM

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

Address: Contact:.....

1. General Examination:

Jaundice Yes No

anaemia Yes No

Dehydration Yes No

Oedema Yes No

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 SPO₂

Yes **No**

Yes **No**

Difficulty in breathing Chest pain

Cough Flue

Allergies

5. Skin

Eczema **Yes** **No**

Scabies **Yes** **No**

Ring worm **Yes** **No**

Any other specify

6. OPHTHEMILOGIST'S (Observations & Recommendation)

L/E..... R/E.....

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7. ENT (Observations & Recommendation).....

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8. DENTIST'S REPORT (Observations & Recommendation)

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9. LABORATORY INVESTIGATIONS

- Urinalysis.....

- B/S/Mrdt.....

- Widal

- Covid-19.....

10. Doctor's Recommendation

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Doctor **Sign:**..... **Date & Stamp**

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