

THIKA SCHOOL OF MEDICAL AND HEALTH SCIENCES

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Affiliated to Thika Nursing Home LTD

MEDICAL REPORT

PART I – TO BE FILLED BY THE APPLICANT

- A. Do you suffer from any physical disability? Yes/No
- If yes, state the type of disability
- B. Have you ever been admitted in the hospital? Yes/No
- If yes, state the type of illness and hospital admitted
- C. Have you suffered from any sickness in the last one year? Yes/No
- If yes state the sickness and the hospital/clinic where you were treated
- D. Do you suffer from any chronic disease? Yes/No
- If yes state the hospital/clinic where you attend and the routine medication/check up
- E. Do you suffer from any allergy related to any medication? Yes/No
- If yes describe the condition
- Signature Date

PART II – PARENT/GUARDIAN

- A. Which hospital do you prefer for referral (admission) purposes if need be? (If yes which one?)
- i. Private Hospital
- ii. Public Hospital
- B. Do you have a personal/family Doctor? Yes/No
- If yes, state who and contacts
- C. Do you agree to pay for any costs incurred by your child or sponsor(student) in another hospital if need be?
- Yes/No
- D. Who can we contact in case of emergency?
- Name:
- Address:
- Tel No.:
- Mobile No.:
- Email:
- Signature: Date:

PART III – TO BE FILLED BY THE DOCTOR OR PHYSICIAN

NAME OF STUDENT DATE

EYE VISION: RIGHT LEFT

EARS NECK

R.S. C.V.S

C.N.S

URINALYSIS

STOOL TEST

PREGNANCY TEST

CHEST X-RAY

NAME OF DOCTOR/PHYSICIAN

SIGNATURE OFFICIAL RUBBER STAMP