

Centre for Life-Long Learning (CeLL) Secondary Division

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Our Ref:

Your Ref:

MEDICAL FORM

TO BE FILLED IN BY A QUALIFIED MEDICAL PERSONNEL

Name: AGE:..... CLASS:

1. PHYSICAL APPEARANCE:

HEAD: Ringworms should be treated, etc.

EYES:

MOUTH:

ABNORMAL EXAM (Enlarged liver, spleen and Hernia)

CHEST PROBLEMS: Breathing, e.t.c.

2. OBSERVATIONS:

Blood - Mps

- Widal

- VDRL

Stool - Worms

3. KNOWN SERIOUS DISEASE TO BE OBSERVED:

4. RECOMMENDATIONS:

Name of Doctor:

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Signature and stamp Date