



CATHOLIC DIOCESE OF MOSHI
ST. PAMACHIUS INCLUSIVE SECONDARY SCHOOL
P. O. BOX 1303
MOSHI – TANZANIA
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MEDICAL EXAMINATION FORM

A. Introduction:

Our school requests you to assess and give assistive recommendation about the health of this student in the key areas mentioned. This information is crucial for educational planning and life improvement of the child. I appreciate you time and readiness to go through and fill this form.

B. Preliminary Information:

Name of the Student: _____ Sex: _____ Age: _____

C. Physical Assessment:

i. Any physical condition of the child that requires attention while at school: _____

Hearing

a. Ability of Student to hear and follow lessons well in class: _____

b. Any Hearing irregularity of the child that requires attention and assistance while at school: _____

D. Speech

a. Is the student able to speak in the normal way? _____

b. Any Speech irregularity that requires attention and assistance while the child is at school: _____

E. Vision

a. Is the student able to see well? _____

b. Any irregularity that requires attention and assistance while the child is at school: _____

F. Cognition

Any cognitive inability that may require extra assistance during school time: _____

G. Any major medical condition of notable attention during schooling: _____

H. Recommendation of the Physician on the above observations: _____

Physician's Name: _____

Hospital: _____

Signature: _____ Date: _____

Fr. Patrick Asanterabi
HEADMASTER