

6. STUDENTS MEDICAL CERTIFICATE

NOTE: Application for entry to the Institution **MUST** get this form completed by a **REGISTERED DOCTOR**.

Name of Student.....County.....

1.	Eyes and Vision Unaided Right – Left Aided Right – Left Colour blind Visual field	
2.	Nose and Throat Is Nasal Breathing Habitual? Adenoids	
3.	Ears: Hearing Voice – Right - Left	
4.	Mouth and Teeth	
5.	Glands in the neck	
6.	Chest, Hearth, Lungs -- with reference to any tubercular tendencies	
7.	Spinal Column	
8.	Urine, Stool	
9.	Spleen, Liver Piles and varicose veins	
10.	Any other weakness, defects or disease defects or span, venereal, or Rheumatic tendency	
11.	General observations: If care is desirable in any special direction. Please give particulars.	

NAME AND RUBBER STAMP OF REGISTERED DOCTOR.....

ADDRESS.....**TOWN**.....

DATE.....**SIGNATURE**.....

NB: The institution offers First Aid treatment to students at Sigoria Health Centre .In case of **ANY** referral, the cost of treatment shall be passed over to the parent/guardian.