

Part B – Doctors/Physicians Evaluation

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To the Doctor - please review the information in part A and notify us of any problems that you feel require treatment or follow up. Due to the environment here, certain conditions such as diabetes, epilepsy, heart disease and gross obesity may preclude from acceptance.

Height		Weight		Overweight
Blood pressure		Pulse		
E.C.G. (if over 40)				
Blood Group			RH Factor	
Visual Acuity	Right Right		Left Left	without glasses with glasses
Colour Perception	Right		Left	

Urinalysis

Are there any abnormalities of the following systems yes/no? If yes please describe fully.E.N.T

Ophthalmological

Lymphatic

Neurological

Dermatological

Cardiovascular

Hernial Orifices

Respiratory

Gynecological

Musculoskeletal

Urological

Endocrine

Psychiatric

Additional comments

Would you recommend this person :- (please tick one and comment if necessary)

Without limitations

Acceptable with limitations (please comment)

Should remain in areas of good medical care

Not to be accepted for school

due to health concernsName and

address of Doctor

Doctor's Signature

Date

Stamp

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