



MINISTRY OF HEALTH
LONDIANI SUB-COUNTY HOSPITAL

P.O. Box 54-20203
LONDIANI

MEDICAL REPORT FORM:

NAME *Kopastich Casibani*
AGE *17*
SEX *22yrs*

21/01/2023

PAST MEDICAL HISTORY *No History of chronic illness, DM, Hypo, asthma etc*

CURRENT COMPLAINTS *none*

EYE EXAMINATION *R 6/ 6/6 L 6/ 6/6*

IMMUNIZATION - *Has received all immunization as per KCDC regime*

LYMPHATIC SYSTEM

G.U.S - *0*

R.B.S - *6.5mm*

P/A - *no lymphadenopathy*

CNS - *0*

VDRL - *NR*

R/S - *clear and healthy*

CVS - *S1S2 no murmurs*

L.M.P - *RA*

URINE EXAM - *etc* ALBUMIN - *nil*

SUGARS - *nil*

GENERAL EXAM - *good*

ANY DISABILITY *none*

RECOMMENDATION FROM MEDICAL PRACTITIONER (MEDICAL OFFICER)

Physically and mentally fit

NAME OF MEDICAL PRACTITIONER (MEDICAL OFFICER)

SIGNATURE:

