

1. Basic Physical examination (no chest x-ray required); Tick as appropriate

System	Normal	Abnormal (Please Specify)
General	✓	
Cardiovascular	✓	
Respiratory	✓	
Gastrointestinal	✓	
Musculoskeletal	✓	
Central Nervous System	✓	

2. State any permanent disability or history of a health condition the student might have; and any advice for managing the condition

THIS STUDENT HAS OCCASIONAL ALLERGIC RHINITIS FOR WHICH SHE MAY OR MAY NOT REQUIRE ANTIHISTAMINES

**Thank you for your assistance.**

Doctor's Name & Signature: DR CATHERINE ADU-SARKODEE



Institution & Date: GILEAD MEDICAL & DENTAL CENTRE , 30<sup>TH</sup> AUGUST 2018

Name of Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_