

**SISTER LEONELLA CONSOLATA MEDICAL COLLEGE
P.O. BOX 25
NYERI**

MEDICAL AGREEMENT FORM

PART A: IMMUNIZATION/EMERGENCY/MEDICAL TREATMENT

Istudent/next of kin declare that the training school, under emergency situation may confirm operation, use of anesthetics or medical treatment or Hepatitis B immunization during the training period.

PART B: MEDICAL EXAMINATION

The investigations below are carried out by a doctor in our hospital and the laboratory investigations are performed on entry to the training and any other time it may deem necessary.

Lab results will be confidential. A decision will be made upon verification of results by the medical doctor.

1. Physical – medical and gynecological examination
2. Laboratory investigations

- a. VDRL
- b. HBsAg (Hepatitis)
- c. Blood group
- d. IgA/IgG (typhoid)
- e. Pregnancy Test (for girls)

I agree to abide with the above instructions.

Signed by guardian/next of kin

Name: **Sign:** **Date:**

Signed by student

Name: **Sign:** **Date:**