

MEDICAL FORM FOR FITNESS.

STUDENTS NAME: SEX:
 WEIGHT (KGS): HEIGHT(M):
 DATE OF LAST NORMAL MENSTRUAL PERIOD (if applicable):
 HISTORY OF ALLERGY:
 (a) To Penicillin:
 (b) To Any Food:
 (c) History of Epilepsy:
 HISTORY OF DIARRHEA DISEASE:
 IMMUNIZATION VS.....
 Polio:
 Small Pox: Tetanus:
 ANY HOSPITALISATION:
 WHEN: WHERE:
 FREQUENT ATTACKS OF MALARIA:
 HISTORY OF ASTHMA:
 OTHER MEDICAL PROBLEMS:
 (a)
 (b)
 NAME OF HOSPITAL/HEALTH UNIT:
 NAME OF MEDICAL PERSONNEL:
 OFFICIAL HOSPITAL STAMP & SIGNATURE:

FOR OFFICIAL USE ONLY	
ADMISSION STATUS	
COMMENTS	
NAME OF PRESIDING OFFICER	
SIGNATURE	
DATE	

STUDENT'S PERSONAL REQUIREMENTS FORM

No	Requirement	Quantity	Comment (For Official use only)
1	Subject previous notes	All	
2	Report card of previous term	1 photocopy	
3	Hostel T-shirt	2 pieces	
4	Long black skirts	At least 2 pieces	
5	Hungers for clothes	½ dozen	
6	Paid up bank slip for hostel fees		
7	Bathing soap	4 pices	
8	washing soap	4 bars	
9	Tooth paste	3 tubes	
10	pegs	1 set	
11	Toilet paper	6 pieces	
12	Sponges	2 pieces	
13	cups	2 pieces	
14	Plates	2 pieces	
15	Forks	2 pieces	
16	Spoons	2 pieces	
17	Flask	1 piece	
18	Flat iron (Three pin plug)	1 piece	
19	Counter books	At least 4 pieces	
20	Sanitary towel	5 packets	
21	Mosquito nets	1 piece	
22	Shoe polish	2 tins	
23	Shoe brush	1 piece	
24	Sugar	3kg	
25	Tea leaves	- 1 packet	
26	Vaseline	1 piece	
27	Beddings(Blanket, bed sheets, bedcover and mattress)	1 piece each	
28	Pencil and pens	10 pieces@	
29	Water basin/ducket	1 piece	
30	Towel	1 piece	
31	Pocket money	Reasonable	
32	Sanitary gloves	1 pair	
33	Kitchen knife	1 piece	