



PIONEER GIRLS SCHOOL

Vitae Abundante

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MEDICAL REPORT

MEDICAL REPORT FORM REF PGS/MRF/2022

Serial Number: PGS/MRF _____

Student name.....

A, Parent's/Guardian's report

Kindly give a detailed health report about your daughter.
Report on any ongoing appointment and special care required if any.

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B. Family Doctor's Report

Name..... Contact

Institution:..... Official Stamp

Please inform the school on any health condition of the above mentioned student.

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C. EMERGENCY

Please recommend two hospitals you would request the school to take your daughter in case of emergency. Provide details and location of the hospitals.

1. Location

2. Location

Provide details of any other assistance regarding the health of your daughter e.g. Medical cover/insurance.

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D. CONSENT

I Mr./Mrs./Ms/Dr./Prof.

Hereby give consent to the Director/Principal to give any consent if need arises

Signed by:

Parent/Guardian: Date:

Witness: Date:

On behalf of Management of Pioneer Girls School, we would like to welcome you to Pioneer Girls School. For any enquiries: Visit our Finance Office in Nairobi for more details, or Email us on: finance.enquiries@pioneerschools.ac.ke

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