



UGANDA SECONDARY SCHOOLS SPORTS ASSOCIATION

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It's required that all students participating **23rd Edition of East Africa Schools Sports Championship, 12th – 23rd August, 2026 Morogoro, Tanzania** should go through Medical Examination and deem fit to participate.

PLEASE HAVE YOUR DOCTOR COMPLETE THIS FORM.

1. BIO DATA

1	Name		Class	
2	Date of Birth		Gender	
3	District of Residence		Nationality	
4	Contact		Mobile No	

2. BLOOD GROUP

	O-		A-		B-		AB-
	O+		A+		B+		AB+

Please list below any Specific Medical Information (e.g., Allergic Reactions to Certain Drugs) that we should be aware of:

3. GENERAL QUESTIONS

Explain **YES** or **NO** below, if yes attach medical form;

NO	DETAILS	YES	NO
1	Had any recent Injury, Illness, Infectious Disease		
2	Have Chronic or Recurring Illness/Condition		
3	Have Frequent Headache/toothache		
4	Wear Glasses, Contacts or Protective Eye		
5	Ever had high blood pressure/diabetes		
6	Have any skin Disease/Pasha/Acne		
7	Have asthma		
8	Had problems with diarrhea or constipation		
9	If female, have any abnormal menstrual history		

Please explain any "YES" answers here, noting the number of the question

I have examined this person and believe that he/she is physically able to participate in all activities except

Name of the Examiner	
Signature	
Date/Stamp	



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