



**THAMES VALLEY COLLEGE**  
KILOMETRE 10, SAGAMU-IKORODU ROAD, SAGAMU, OGUN STATE

**MEDICAL UNIT**  
**ADDRESS FORM**

Kindly fill your correct office and residential address and telephone numbers in the spaces below

**FATHER'S DETAIL**

Name:

.....

Home Address:.....

.....

Telephone No:..... E-mail: .....

Office Address:

.....

.....

Tel. No: .....

**MOTHER'S DETAIL**

Name:

.....

Home Address:.....

.....

Telephone No:..... E-mail: .....

Office Address:

.....

.....

Tel. No: .....

Family Doctor's Name and Address:

.....

.....

Telephone No: .....

**GUARDIAN'S DETAIL**

Name:

.....

Home Address:.....

.....

Telephone No:..... E-mail: .....

Office Address:

.....

.....

Tel. No: .....



**THAMES VALLEY COLLEGE**  
KILOMETRE 10, SAGAMU-IKORODU ROAD, SAGAMU, OGUN STATE

**MEDICAL UNIT**  
**COMPREHENSIVE MEDICAL FORM FOR NEW STUDENTS**

Medical examination conducted at:

.....

Doctor's Name:

.....

Date of examination:

.....

**Family Details:**

No of Brothers: ..... No of Sisters: .....

This form is to be filled out by the parents and submitted with a detailed medical certificate of fitness obtained from the family doctor.

Parents of students with specific/special medical health problems/needs should notify the school immediately on resumption.

Immunization received by the student should be indicated in the appropriate columns.

S/N	IMMUNIZATION	DATE	YES	NO
1	Triple Antigen (against Diphtheria, Tetanus and whooping cough) – all 3 doses			
2	Tetanus Typhoid alone			
3	Oral Polio – all 3 doses			
4	Measles			
5	Rubella			
6	Yellow Fever			
7	Hepatitis B Antigen (Screening)			

*Kindly provide below any further useful information regarding your child's health as well as a copy of the immunization certificate from birth.*

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.....  
.....  
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**ILLNESS AND ACCIDENT INDEMNITY**

In the event that a child takes ill, or has an accident in the school and medical attention is necessary, the parents shall be responsible financially for both treatment and transportation. *(The indemnity hereunder must be completed and returned to the school before the student is admitted).*

Mr. / Mrs.....

The parent/ legal guardian of.....hereby accept full responsibility for all medical and transport expenses incurred by Thames Valley College if, in the event of an emergency involving medical treatment, the principal deems it necessary to involve outside medical help.

However, the school requires that after two days of treatment/observation in the school's clinic, students must be collected by Parents/ Guardians and taken home until they can resume normal classes or they will be hospitalized at Parents/ Guardians expenses

I undertake to notify the school office of any change of address / and telephone number immediately.

*Date:* ..... *Signature:* .....



**THAMES VALLEY COLLEGE**  
KILOMETRE 10, SAGAMU-IKORODU ROAD, SAGAMU, OGUN STATE  
**MEDICAL HISTORY**

**STUDENT MEDICAL HISTORY**

**(I) PAST:**

.....  
.....  
.....

**(II) PRESENT:**

.....  
.....  
.....

**FAMILY MEDICAL HISTORY**

**(I) PAST:**

.....  
.....  
.....

**(II) PRESENT:**

.....  
.....  
.....

- 1) What is required is not just a blanket statement of “Fitness” but a careful analysis.
- 2) This form should be *submitted to the medical staff along with all the medication (if any) on arrival at School.*

**CERTIFICATE**

*I certify that the above named student, whom I have examined and treated as indicated, is FIT/NOT FIT to carry out normal academic and non-academic activities of a Boarding School.*

\_\_\_\_\_  
*Signature of Doctor*

*Hospital Official Stamp Date:.....*

**FURTHER RECOMMENDATION** (For those declared not fit and to be exempted from certain activities)

\_\_\_\_\_  
*Signature of Doctor*

*Hospital Official Stamp Date:.....*

**NOTE:**

Please note that the declaration below is needed in cases of serious medical emergency, where medical attention is urgent and imperative pending further treatment to be undertaken by parents.

**DECLARATION BY PARENT / GUARDIAN**

If my ward should require urgent (24hrs) medical attention as a result of sudden illness or serious injury in school, I agree that he/she be given medical treatment from the nearest medical institution approved by the school management.

Furthermore, if the hospital should advise an immediate surgical operation I authorize the Principal to accede on my behalf.

Signed:.....

Name: .....  
*(Parent / Guardian)*

Date: .....