



MEDICAL REPORT FORM

Name:

Age:

Blood Group:

Date:

Medical Condition

Is he/she mobile? If NOT what aids does he/she require? E.g. Wheelchair, ZimmerFrame or sticks _____

Can he/she dress herself/himself and if not how much assistance does he/she require _____

Is he/she of sound mind and if not how much has his/her mind deteriorated?

Is there a history of major illness eg Heart attack, Hypertension, Stroke, Parkinson's Disease, Diabetes or cancer etc? _____

_____ If Yes what medication is he/she taking _____

Is he/she depressive? If Yes what is he/she taking? _____

_____ Has he/she ever been violent, aggressive or disruptive _____

Fairseat Foundation



15 Lonetree Estate, Rosslyn, Nairobi, Kenya
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+254-735-503-440
admin@fairseat.org

Is he/she incontinent of urine or feaces? If Yes what is the management? _____

Is he/she deaf and if Yes – does he/she wear a hearing aid? _____

Does he/she have deteriorating eye sight? If total, how much help does he/she need? _____

Is the applicant subject to fits at any time? _____

Does the Applicant require nursing? _____

Has the Applicant been admitted to any Home or Hospital for treatment of mind or body? _____

If so - When? _____

Where? _____

Give details of complaint and length of stay for treatment _____

Would the altitude in Nairobi be suitable? _____

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Is there any other health problem that should be brought to the attention of Fairseat Foundation Management? _____

Please send a full medical report together with this answered questionnaire, giving a comprehensive list of all medications and of his/her general health including any history of old skeletal injuries, spinal injuries, or any other medical conditions of which you are aware.

Doctor:

Signed:

Address:

Date: