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When replying please quote

MAMA LUCY KIBAKI HOSPITAL-EMBAKASI
P.O. BOX 1278 - 00515
NAIROBI

NAIROBI CITY COUNTY

MEDICAL EXAMINATION FORM

0322

ID: 31920967

OPD NO. .....

NAME MARY WANJIRU NYAKIO AGE 30yrs. SEX F

ADDRESS ..... TEL 0710479269 RESIDENCE KAMBU.

Examination

History of chronic illness NONE

History of allergy NKFDA (specify) .....

Blood pressure 120/80 mHg Heart Rate 70bpm Weight(Kg) 71kg I.M.P ..... Height(cm) .....

Edema -VE Pallor -VE Jaundice -VE Lymhadenopathy -VE

Respiratory System

Respiratory System EQUAL AIR ENTRY BILATERALLY ; C

Cardiovascular System S. a S1 HEARD ; N

Central Nervous System NAD

Abdominal Exam /

Muscular/Skeleton /

Eye ..... Right Eye 6/6 Left Eye 6/6

Ear/Nose Throat N

Investigation

Urinalysis NAD

Random Blood 3.2 mmol/L ; C

Blood Group/Rhesus PITC : NR VDRL : NR

Chest X-Ray N CHEST RADIOGRAPH

Others as indicated /

Conclusion N PHYSICAL EXAMINATION

MAMA LUCY KIBAKI HOSPITAL ★ P.O. Box 1278 - 00515, BORUCHURU - NAIROBI ★ 03 OCT 2025

Doctor's Name Dr. Faith Au (A12828) Signature .....