

## Medical Form

<b>First Name</b>	<b>Last Name</b>	<b>Age</b>	<b>Gender</b>
Namusaasizi	Harriet	38	Female
<b>Phone Number</b>	<b>Address</b>	<b>Next of Kin</b>	<b>Next of Kin Contact</b>
0705457032	Ndejje		
<b>Date of Visit</b>	<b>Time of Visit</b>	<b>Date of Discharge</b>	<b>Time of Discharge</b>
08-Jan-2024	22:32	02-Feb-2024	19:11
<b>Condition at Discharge</b>	<b>Review Date</b>	<b>Review Doctor</b>	
Good	30-Nov--0001		

## Clinical Notes:

Case History taken by Dr. **Dr. Ronald Ssemanda**

Date: **01-01-1970**

## Investigations Done:

Test Requested: **B/S (malaria)**

Result: 10 mps seen

Test Name: **WIDAL TEST**

Parameter	Result	Normal Range	H/N/L
IgG ( ):	negative	—	—
IgM ( ):	negative	—	—

Released By: Dr. Ronald Ssemanda

Date: 08-Jan-2024

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