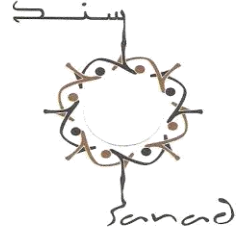




مركز الخرافي للأنشطة الأطفال المعاقين
Al- KHARAFI ACTIVITY KIDS CENTER



Medical Report of Children

Medical Report
Name:-----
Data of Birth:-----
Name of Clinic:-----
History of Illness :----- -----
Diagnosis: ----- ----- -----
Recommendations :----- ----- ----- -----
Doctor's Signature and stamp

Important Notes:

- 1.It is important to save this report and hand it in to the center.
- 2.No kid will be accepted nor allowed to attend unless his/her medical report has been reviewed.
- 3.This medical report should be kept in the kid's file.

Approved