

F. CHEST X-RAY

(This report must be in respect of a film not more than three (3) months old.
The film itself need only be forwarded if the doctor considered this necessary).

X – RAY REPORT

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Doctor's Name:
(Please Print)

Body of Registration:

Doctor's Signature:

Date: Signature:

Tel: 22340601/52213835/36/46
Fax: 22340000
www.nul.ls

NATIONAL UNIVERSITY OF LESOTHO

Student No:.....

Surname:



MEDICAL FORM

(General)

To:

**The Admissions Secretary
National University of Lesotho
P.O. Roma 180
LESOTHO
SOUTHERN AFRICA**

To be completed by a qualified Medical Practitioner.

APPLICANT'S SURNAME:.....

OTHER NAMES:.....

A. GENERAL:

(a) Height:..... Weight:.....

(b) Does the applicant suffer from any defects or abnormalities of the skeletal or muscular system? Yes [] No []

If so, please describe briefly:.....

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B. SIGHT, HEARING ETC:

Has the applicant any defect in:

(a) Hearing? Yes [] No []

(b) Sight? Yes [] No []

Are glasses worn? Yes [] No []

Are they recommended? Yes [] No []

(c) Speech? Yes [] No []

(d) Nose and Throat? Yes [] No []

C. CIRCULATORY SYSTEM:

Blood Pressure:

Is there any evidence or defect of disorder of the heart or arteries?

Yes [] No []

If so, please describe briefly.....

Any restrictions on activities? Yes [] No []

D. GENITO-URINARY TRACT:

(a) Is there any disease or abnormality of the kidneys, Bladder or other part of the genito-urinary system? Yes [] No []

(b) If there has been infection, was it to your Knowledge adequately treated? Yes [] No []

(c) Is albumen, sugar, pus, blood or any other abnormal constituent present in the urine? Yes [] No []

E. VACCINATION:

Are you satisfied that the applicant has been successfully vaccinated if he/she has not suffered from small-pox within the past 5 years?

If not satisfied, please advise applicant regarding vaccination or re-vaccination.

Other systems:

Is there any evidence or suspicion of disease in any other system? If so, state its nature:

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