

STUDENT NO.: .....

STRICTLY CONFIDENTIAL

STAMP HERE

COURSE: .....

NELSON MANDELA UNIVERSITY
MEDICAL REPORT

NB: ALL THE PARTICULARS MUST BE FILLED IN BY THE MEDICAL PRACTITIONER. OTHERWISE, THE APPLICATION MAY BE REJECTED.

SURNAME OF APPLICANT: ..... SEX: .....

FIRST NAMES: ..... DATE OF BIRTH: .....

HOME ADDRESS: .....

1. (a) Has the applicant, to the best of his/her knowledge, suffered from any of the following defects or diseases: Rheumatism, rheumatic fever, malaria, bilharzia, neoplasm, tuberculosis (of any part), syphilis, epilepsy, paralysis, convulsions, asthma, haemoptysis, hernia, piles, varicose veins, flat-foot, ear-discharge? If so, give particulars in brief: .....

(b) Has the applicant suffered from any other diseases or undergone any operations? If so, give particulars in brief: .....

2. Measurements: Height: ..... Mass: .....

3. Eyes: (a) Are there any signs of:

(i) Any eye defect or disease? Furnish full particulars: .....

(ii) Any defect in vision? .....

(b) Visual acuity (Snellen's Letters at 6 metres)

(i) Without glasses or contact lenses: R..... L.....

(ii) With glasses or contact lenses, if worn: R..... L.....

(State actual visual acuity (Snellen's letters at 6 metres). The words "normal", "satisfactory" or "poor" etc. are not acceptable. If glasses or contact lenses are worn, visual acuity must be given for both with and without glasses or contact lenses.)

4. Hearing: Does the applicant have any ear or hearing defects?..... 5.

5. Speech: Is there any speech defect? If so, specify: .....

6. Teeth: Condition of teeth and gums: .....

7. Respiratory system:

(a) Are the nose and throat healthy?..... (b) Is the chest well-developed?.....

(c) Is there any sign of past or present disease?.....

8. Cardiovascular system: Is the cardiovascular system normal in all respects?.....

9. Genito-urinary system: Is there any sign of:

(a) albumin, pus, blood or sugar in the urine?.....

(b) dysmenorrhea?.....

(c) any other defect?.....

10. Gastro-intestinal system: Is there any sign of peptic ulcer or any other defect?.....

11. Nervous system: Is there any abnormality in the Central Nervous System or the Peripheral Nervous System? If so, specify: .....

12. (a) Is the applicant crippled, deformed or physically handicapped in any way?.....

If so, specify the abnormality: .....

(b) Has the applicant in the past sustained injuries such as back injuries, fractures and ligament injuries?.....

If so, specify: .....

(c) Would any of the defects mentioned in (a) and (b) hamper or adversely affect the applicant in performing physical activities?.....

13. Is there any evidence of any emotional disturbance?.....

If so, specify: .....

14. Is there any evidence of rheumatism, anaemia, enlarged thyroid, asthma, hernia, chronic skin-disease, varicose veins, flat-feet, or any other disease? If so, specify the disease: .....

15. After your examination and observation are you of the opinion that the applicant is free from any physical or mental defect, emotional disturbance, illness or disease that would disqualify him/her from taking a course in Physical Education? Please state either YES or NO: .....

If NO, specify: .....

16. Initials and surname of medical practitioner (Block Letters): .....

DATE: ..... SIGNATURE: .....

ADDRESS: ..... PROFESSIONAL QUALIFICATIONS: .....

OFFICIAL DESIGNATION: .....

NB: ALL EXPENSES ATTACHED TO THE MEDICAL EXAMINATION ARE TO BE PAID BY THE CANDIDATE.

NB: PLEASE UPLOAD COMPLETED FORM TO THE UNIVERSITY WEBSITE

FOR OFFICE USE ONLY

DATE RECEIVED: ..... APPROVED BY HEAD OF DEPARTMENT: (DATE): .....

SIGNATURE: .....