



The National University of Lesotho

MEDICAL FORM

Form IV/A2

To be completed by qualified Medical Practitioners

Student NO.....

Academic Year:

STUDENT INFORMATION

Surname:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Date of Birth
					Date: Month: Year:

A. General

(a) Height.....	Weight.....	SEX.....
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(b) Does the Applicant suffer from any defects or abnormalities of the skeletal or muscular system? Yes ☐ No ☐

If so, please describe briefly

B. Sight, Hearing ETC:

Has the applicant has 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 blood vessels ?	Yes	No
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If so , please describe briefly

Any restrictions on activities?	Yes	No
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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
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(b) If there is infection , was it adequately treated ?

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

Yes	No
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(e) Vaccination	
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Are you satisfied that the applicant has been successfully vaccinated and has not suffered from small-pox within the past five years?
If not satisfied, please advise the applicant regarding vaccination or re-vaccination

Other systems:

Is there any evidence or suspicion of disease in any other system? if so states the nature :

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(f) Chest X-Ray
This must not be in excess of a Slim not more than three (3) months old. The Slim itself must not be attached if the Doctor

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

X-Ray Repot

Based on the results of this medical examination is the student fit enough to handle all the physical and mental demands of being a student at National University of Lesotho?

Doctors Name
(please print)

Body of Registration.....

Doctors Signature

Date.....

This form must be sent to
Admissions Secretary
The National University of Lesotho
P O Roma 180
Lesotho
Southern Africa