

FORM IV/A3

**NATIONAL UNIVERSITY OF
LESOTHO**

Student No:.....

Surname:



MEDICAL FORM

(Chest X-Ray)

Tel: 22340601/22213835/36 /46
Fax: 22340000

To:

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

(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).

APPLICANT'S SURNAME:.....

OTHER NAMES:.....

X-RAY REPORT

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DOCTOR'S NAME:.....

BODY OF REGISTRATION:.....

DOCTOR'S SIGNATURE:.....

DATE:.....

NOTE

Admission is provisional until TB has been disproved. If the investigation is incomplete upon arrival at the University, it is the responsibility of the applicant to ensure its completion within two weeks of arrival.

G. 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).

H. OTHER SYSTEMS:

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

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DOCTOR'S NAME:.....
(PLEASE PRINT)

BODY OF REGISTRATION:.....

DOCTOR'S SIGNATURE:.....

DATE:.....
