SOUTHERN AFRICA NAZARENE UNIVERSITY (SANU)

APPLICANTS MEDICAL RECORD FORM (2017/2018)

Please return form to Student's Admissions Office, Southern Africa Nazarene University, P.O. Box 6800, Manzini M200. Return form in a sealed envelope together with the Acceptance Form.

(To be completed by a Certified Medical Practitioner)

PERSONAL INFORMATION

Name of Applicant:

D.O.B. Sex Faculty of: Education Health Sciences Theology

Postal Address

SUMMARY OF HEALTH RECORD PRESENTED

Previous Illnesses: TB Polio Measles Pertussis Rubella Diphtheria Rheumatism Hepatits Otitis

Mental & other Illnesses

Family Medical History

DATE	CHEST X-RAY	CBC	URINALYSIS

MEDICAL EXAMINATION

GENERAL APPEARANCE		**WEIGHT**			
MENTAL STATUS		**HEIGHT**			
SKIN		**SIGHT**			
THROAT		**RIGHT EYE**		**LEFT EYE**	
RESPIRATORY SYSTEM		**HEARING**			
CARDIOVASCULAR SYS		**RIGHT EAR**		**LEFT EAR**	
GASTRO-INTESTINAL SYS		**TEETH**			
GENITOR-URINARY SYS					
ALIMENTARY SYSTEM					
NERVOUS SYSTEM					
MUSCULAR SKELETAL SYS					
MENSTRUAL HISTORY					
ANY INFECTIOUS DISEASE	*				
ANY CHRONIC DISEASE*					
ANY DEFORMITY					
ANY ALLERGIES					

*(please give clear description if any)

FOODS NOT EATEN FOR MEDICAL REASONS	SPECIAL REMARKS

Name of Hospital

Full Name of Medical Examiner

Date of Medical Examination Signature _____

OVERALL COMMENTS

PLEASE MAKE NOTES ON ANY OTHER MEDICAL EXAMINATION ON THE SPACE BELOW

Hospital Stamp