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**STELLENBOSCH UNIVERSITY  
FACULTY OF MEDICINE AND HEALTH SCIENCES**

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| <b>MEDICAL REPORT<br/>ALLIED HEALTH SCIENCES PROGRAMMES</b> |
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**A. THE APPLICANT MUST COMPLETE THIS SECTION:**

1. SURNAME: \_\_\_\_\_ **STUD. NO.:** \_\_\_\_\_

2. FIRST NAME/S (ALL): \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_ 4. GENDER: \_\_\_\_\_

5. HOME ADDRESS: \_\_\_\_\_

6. HEALTH CONDITION DURING THE LAST FIVE YEARS:

Any physical conditions (please specify) \_\_\_\_\_

\_\_\_\_\_

Chronic infectious conditions (please specify) \_\_\_\_\_

\_\_\_\_\_

Any physical impairments (please specify) \_\_\_\_\_

\_\_\_\_\_

Any psychological problems (anxiety, stress-related conditions, depression) (please specify)

\_\_\_\_\_

\_\_\_\_\_

7. **FOR PHYSIOTHERAPY APPLICANTS ONLY:**

HAVE YOU HAD PAIN, TRAUMA, DISEASE OR ANY DEFECT OF THE SPINAL COLUMN?

Supply details: \_\_\_\_\_

If so, a clinical examination by an orthopaedic surgeon has to be done and the report, with accompanying x-rays, has to be supplied with this form.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**B. A MEDICAL DOCTOR MUST COMPLETE THIS SECTION. PLEASE GIVE FULL DETAILS OF THE INFORMATION REQUESTED AND DESCRIBE ANY ABNORMALITIES.**

1. IS THERE A HISTORY OF CONGENITAL ABNORMALITIES, TRAUMA, OPERATIONS, OR ILLNESSES? (BRIEFLY DESCRIBE)

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2. MEASUREMENTS: HEIGHT: \_\_\_\_\_ MASS: \_\_\_\_\_

3. SIGNS OF SUCCESSFUL VACCINATION PRESENT: \_\_\_\_\_

4. SIGNS OF TB-TEST PRESENT: \_\_\_\_\_

5. SIGNS OF HEPATITIS B VACCINATION PRESENT: \_\_\_\_\_

6. COMMENT ON THE FOLLOWING:

▪ Vision:

Visual acuity without glasses: right: \_\_\_\_\_ left: \_\_\_\_\_

Visual acuity with glasses: right: \_\_\_\_\_ left: \_\_\_\_\_

▪ Hearing: \_\_\_\_\_

▪ Speech: \_\_\_\_\_

▪ Respiratory system: \_\_\_\_\_

▪ Cardiovascular system: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

▪ Nervous system: \_\_\_\_\_

▪ Urine analysis: \_\_\_\_\_

7. HAS THE APPLICANT BEEN ANXIOUS OR DEPRESSED WITHIN THE LAST FIVE YEARS:

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8. HAS THE APPLICANT EVER BEEN TREATED FOR A MENTAL CONDITION? (EG. ANXIETY, DEPRESSION, ANOREXIA, BULIMIA). IF YES, PLEASE DESCRIBE DURATION, TREATMENT AND CURRENT CONDITION:

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9. IS THERE ANY CONGENITAL DEVIATION OR ANY PHYSICAL HANDICAP PRESENT?

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10. **FOR PHYSIOTHERAPY APPLICANTS ONLY:**

SPINAL COLUMN: The nature of the course in Physiotherapy places certain demands on the vertebral column. During the course the student HAS TO:

- Act as model for their peers to practice certain mobilization and manipulation techniques on the vertebral column as well as peripheral joint.
- Practice strenuous lifting etc. techniques
- Handle patients of various size, mass and levels of consciousness.

10.1 Is the standing posture and gait normal, specifically as far as spinal curves, pelvis and leg length is concerned?

\_\_\_\_\_

Is there scoliosis present? \_\_\_\_\_

Is the range of movement normal for all the sections of the spine? \_\_\_\_\_

10.2 In the case of a positive history, signs and symptoms of vertebral defects, please refer this candidate for orthopaedic assessment. State whether this candidate has been referred to an orthopaedic surgeon.

\_\_\_\_\_

\_\_\_\_\_

11. IN YOUR OPINION, IS THE APPLICANT FIT TO MEET THE PHYSICAL REQUIREMENTS OF THE COURSE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLACE

\_\_\_\_\_  
SIGNATURE

**PLEASE RETURN THE COMPLETED FORM TO:**

The Registrar  
 Attention : Mrs C de Doncker  
 Faculty of Medicine and Health Sciences  
**POSTAL ADDRESS OR PHYSICAL ADDRESS**  
 PO Box 19063                      Clinical Building – Room 1038  
 TYGERBERG                        Francie van Zijl Drive  
 7505                                    PAROW  
     7500

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