

DEPARTEMENT SPORTWETENSKAP /

DEPARTMENT OF SPORT SCIENCE

Mediese vorm / Medical form 2020

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| Afr | Eng |
|-----|-----|

VAN/SURNAME: _____

DOOPNAME/CHRISTIAN NAMES: _____

NOEMNAAM/NAME: _____ TITEL/TITLE: _____

STUD NR: _____ PLAASLIKE ADRES/ LOCAL ADDRESS _____

Ly u aan of is u al met enige van die volgende toestande geïdentifiseer? Maak 'n X in die toepaslike kolom. Waar nodig dui die datum (jaartal) aan.

Have you been identified with or suffering from any of the following? Indicate with an X in the space available. Where necessary please indicate the date (year).

| | JA | NEE | OPMERKINGS/COMMENTS |
|--------------------------------|----|-----|---------------------|
| Allergieë/Allergies | | | |
| Asma/Asthma | | | |
| Beenbreuke/Fractures | | | |
| Brongitis/Bronchitis | | | |
| Enkelprobleme/Ankle problems | | | |
| Epilepsie/Epilepsy | | | |
| Floutes/Fainting spells | | | |
| Harsingskudding/Concussion | | | |
| Hartprobleme/Heart problems | | | |
| Heupprobleme/Hip problems | | | |
| Knieprobleme/Knee problems | | | |
| Maagsere/Stomach ulcers | | | |
| Menstruele prob/Menstrual prob | | | |
| Migraine | | | |
| Nekprobleme/Neck problems | | | |
| Onderbeen pyne/Lower leg pains | | | |
| Oorprobleme/Ear problems | | | |
| Polsprobleme/Pulse problems | | | |
| Porfirie/Porphyria | | | |
| Rugprobleme/Back problems | | | |
| Skouerprobleme/Shoulder probl | | | |
| Sinusitis/Sinusitis | | | |
| Spierbeserings/Muscle injuries | | | |
| | JA | NEE | OPMERKINGS/COMMENTS |

| | | | |
|--------------------------------------------------------------------------------------|--|--|--|
| Tuberkulose/Tuberculosis | | | |
| Suikersiekte/ Diabetes | | | |
| Velprobleme/Skin problems | | | |
| Voetprobleme/Foot problems | | | |
| Vroulike probleme/Female probl | | | |
| Dra u bril of kontaklense /Do you wear glasses/contact lenses? | | | |
| Gebruik u vir enige rede chroniese medikasie/Are you using any chronicle medication? | | | |
| Enige ander siektes nie genome/ Any other illnesses? | | | |

Operasies / Operations:

Spesifiseer en dui die datum aan: *Specify the operation and indicate the date:*

Ek verklaar dat die bostaande inligting na die beste van my wete korrek is en dat geen inligting weerhou is nie. *I herewith declare that the above information is correctly completed and that no information was withheld.*

GETEKEN / SIGNED _____

DATUM / DATE: _____

GETUIE / WITNESS: _____

LW: Die Departement Sportwetenskap behou die reg voor om na bestudering van bovermelde inligting die student na 'n mediese praktisyn te verwys vir verdere toeligting.

NB: *The Sport Science Department reserve the right to refer the student to a medical practitioner after studying the above-mentioned information.*

DIE VOLTOOIDE VORM MOET SAAM MET JOU AANVULLENDE DOKUMENTASIE ELEKTRONIES OPGELAAI WORD BY "STATUS VAN AANSOEK" / THE COMPLETED DOCUMENT, TOGETHER WITH YOU OTHER DOCUMENTATION HAS TO BE UPLOADED ELCTRONICALLY AT "STATUS OF APPLICATION"