CONFIDENTIAL
SULIT

PROGRAMME: _____
PROGRAM

UNIVERSITI KEBANGSAAN MALAYSIA
The National University of Malaysia

HEALTH DECLARATION AND MEDICAL EXAMINATION FORM
Borang Pengakuan dan Pemeriksaan Kesihatan

PERSONAL DETAILS
Maklumat Peribadi

Name: Nama:		I.C. No: No. K/P:
Date of Birth: Tarikh Lahir:	Sex: Jantina:	Marital Status: Status Perkahwinan:
Home Address Alamat Kediaman		Contact No. No. untuk dihubungi
Name, relationship and address of next kin Nama, hubungan dan alamat waris		Contact No. No. untuk dihubungi

HEALTH DECLARATION (to be completed by student)
Pengakuan Kesihatan (dilengkapkan oleh pelajar)

Have you ever suffered and of the following conditions?
Pernahkan anda mengalami masalah-masalah kesihatan berikut?

ILLNESS (Penyakit)	**YES** (Ya)	**NO** (Tidak)
Psychiatric illness (Sakit Jiwa)		
Epilepsy (Sawan)		
Migraine (Migrain)		
Hysteria (Histeria)		
Allergic Rhinitis (Resdung)		
Asthma (Lelah)		
Tuberculosis (PTB) (Batuk Kering)		
Hypertension (HPT) (Darah Tinggi)		
Diabetes Mellitus (DM) (Kencing Manis)		
Heart Diseases (Penyakit Jantung)		
Thyroid Diseases (Penyakit Tiroid)		
Kidney Diseases (Penyakit Buah Pinggang)		
Gastric (Penyakit Gastrik)		
HIV/AIDS		
Cancer (Barah)		
Venereal Diseases (Penyakit Kelamin)		
Leukemia (Leukimia)		
Hepatitis (Hepatitis)		

Please State (Sila Nyatakan)

Other illnesses (Penyakit-penyakit lain)

_____

Operation/ Surgical (Pembedahan)

_____

Allergic (Alahan)

_____

Family Medical History (Sejarah Perubatan Keluarga)

_____

Disability/ Handicap (Kecacatan)

_____

I hereby certify that the above information is true and complete, and agree that any misrepresentation or deliberate omissions of a material fact on the form may result in my not being permitted to enter a program, or may result in termination. I hereby grant Human Resource Division, Universiti Kebangsaan Malaysia, permission to share information contained in my Medical Examination form.

Saya dengan ini mengaku bahawa maklumat di atas adalah benar dan lengkap, dan bersetuju sekiranya terdapat maklumat yang tidak benar atau dengan sengaja tidak menyatakan perihal sebenar di dalam borang ini akan menyebabkan saya tidak dibenarkan mengikuti program yang ditawarkan atau menghadapi kemungkinan ditamatkan daripada program. Saya, dengan ini memberi kebenaran kepada Bahagian Sumber Manusia, Universiti Kebangsaan Malaysia untuk berkongsi maklumat yang terdapat di dalam Borang Pemeriksaan Kesihatan saya.

Date: _____ Signature: _____
Tarikh Tandatangan

MEDICAL EXAMINATION (to be completed by certified physician)
Pemeriksaan Kesihatan (dilengkapkan oleh pegawai perubatan yang diiktiraf)

(Physician must complete all questions and give additional comment where necessary. Kindly note that physician is responsible for the information, suggestions and recommendation regarding the student's health given in this form).

Student Name:	Date of Birth:

PHYSICAL EXAMINATION

Weight:	Height:
Blood Pressure:	Pulse:
Skin:	Color:
Eye Vision Test (RT)	Eye Vision Test (LT):

Are there abnormalities of the following systems? If yes, describe fully using additional sheet if necessary.

SN	SYSTEMS	NORMAL	ABNORMAL	COMMENT
1	Skin			
2	Head			
3	Eyes			
4	Ears			
5	Nose			
6	Mouth			
7	Neck			
8	Chest			
9	Breasts			
10	Cardiovascular			
11	Syncope			
12	Chest Pain			
13	Heart Murmur			
14	Abdomen			
15	Genitourinary			
16	Extremities			
17	Neurologic			

URINE TEST

NAD		WBC		RBC		PROTEIN		GLUCOSE	

HEPATITIS TEST B & C (Please Attach Result From Lab)

POSITIVE		NEGATIVE	

PREGNANCY TEST

POSITIVE		NEGATIVE	

If the student now under treatment for any physical or emotional condition?

_____

Do you have any recommendations for the health care of this student?

_____

By history and physical examination, is this student a carrier of any communicable disease?

_____

RESULT

Medically Fit		Unfit		Limited Capability	

Date: _____ Physician Signature: _____
Official Stamp:

Note: In completing this form, particular attention should be paid to the following points:

(a) X-ray of chest to rule out any tuberculosis or chronic pulmonary disease: Where the film is entirely normal it needs not be forwarded, but if any abnormality is noted the film should be sent with this report.

(b) Kidneys: no evidence of renal lesion should be present.

(c) Eyesight – severe errors of refraction should be not be passed as these should only give trouble during the years of study.

(d) Hearing – deafness should be considered a definite bar