



**BAHAGIAN 2 – Sila tandakan (v) di kotak berkenaan.**

**PART 2 – Please tick (v) in the relevant box**

Adakah anda/ keluarga anda mengalami: lelah, batuk kering, darah tinggi, sakit jantung, kencing manis, sakit buah pingang, gila babi, sakit jiwa, penyalahgunaan dadah, kecacatan anggota, kanser, alahan, pembedahan

Sendiri/Self

Have you/ your family had the following: Asthma, tuberculosis, hypertension, heart disease, diabetes mellitus, kidney disease, epilepsy, mental illness, drug addiction, deformity, cancer, allergies, operations.

Keluarga/Family

Jika Ya, sila nyatakan/ If yes, please state

\_\_\_\_\_

\_\_\_\_\_

Saya dengan ini mengaku segala maklumat kesihatan yang diberi di atas adalah benar.  
(I hereby certify that the information given is true).

(Tarikh/ date):

\_\_\_\_\_

Tandatangan (Signature of candidate)

**BAHAGIAN 3 UNTUK DIISI OLEH DOKTOR YANG MEMERIKSA**  
**PART 3 TO BE FILLED BY EXAMINING DOCTOR**

Tandakan yang berkaitan  
Tick as relevant

1. PEMERIKSAAN UMUM/ GENERAL EXAMINATIONS

TINGGI/HEIGHT  Sentimeter/ cm

BERAT/WEIGHT  kilogram

PULSE  Seminit/ min

BP  mmHg

Tandakan + / - yang berkaitan  
Tick + / - as relevant

a. PALLOR

b. CYANOSIS

c. OEDEMA

d. JAUNDICE

e. ENLARGE LYMPHNODES

f. CHRONIC SKIN DISEASE

2. MEMERIKSAAN MATA/ EXAMINATION OF EYE

a. PENGLIHATAN TANPA KACAMATA  
UNAIDED VISION

KANAN/  
RIGHT

KIRI/  
LEFT

Catatan doktor/ verification  
of doctor's findings

\_\_\_\_\_

b. PENGLIHATAN DENGAN TANPA KACAMATA  
AIDED VISION

\_\_\_\_\_

c. FUNDOSCOPY

NORMAL

ABNORMAL

\_\_\_\_\_

d. PENGLIHATAN WARNA  
COLOR VISION

NORMAL

ABNORMAL

\_\_\_\_\_

3. PEMERIKSAAN TELINGA  
EXAMINATION OF EAR

NORMAL

ABNORMAL

\_\_\_\_\_

4. RUANG MULUT & GIGI  
ORAL CAVITY & TEETH

NORMAL

ABNORMAL

\_\_\_\_\_

5. JANTUNG/HEART

NORMAL

ABNORMAL

\_\_\_\_\_

6. a. SISTEM RESPIRATORI/  
RESPIRATORY SYSTEM      NORMAL       ABNORMAL  \_\_\_\_\_
- b. X-RAY DADA/  
CHEST X-RAY      NORMAL       ABNORMAL  \_\_\_\_\_

[Lampirkan x-ray dada serta laporan (filem besar)/ *attach chest x-ray and report (large film)*]

TARIKH X-RAY/ DATE X-RAY	TEMPAT/ PLACE	NO. RUJUKAN X-RAY/ X-RAY REF. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. ABDOMEN & RONGGA HERNIA      NORMAL       ABNORMAL  \_\_\_\_\_  
*ABDOMEN & HERNIA ORIFICES*
8. SISTEM SARAF & MENTAL      NORMAL       ABNORMAL  \_\_\_\_\_  
*NERVOUS SYSTEM & MENTAL CONDITION*
9. SISTEM MUSKULOSKETAL      NORMAL       ABNORMAL  \_\_\_\_\_  
*MUSCULOSKELETAL SYSTEM*
10. LAIN-LAIN/ OTHERS \_\_\_\_\_  
\_\_\_\_\_

#### BAHAGIAN 4/ PART 4

11. PEMERIKSAAN GULA      \_\_\_\_\_      ALBUMIN      \_\_\_\_\_      MICROSCOPY \_\_\_\_\_  
GULA/ SUGAR

#### BAHAGIAN 5/ PART 5

PENGESAHAN DOKTOR/ *CERTIFICATION BY DOCTOR*

*Sila tandakan (v) di dalam kotak yang berkenaan. Please tick (v) in the appropriate box.*

Saya mengesahkan bahawa pada hari ini saya telah memeriksa/ *I certify that I have this day examined*  
\_\_\_\_\_ No. K/P/ I/C No. \_\_\_\_\_

Dan mendapati bahawa / *and found:*

- Beliau tidak mengidapi apa-apa penyakit dan disahkan sihat/ *the above named is in good health/*
- Beliau mengidapi/ *the above named has* \_\_\_\_\_
- Beliau sedang mendapat rawatan/ *the above named is undergoing treatment*

TARIKH/ DATE

Tandatangan Doktor  
*Signature of Doctor*

Nama Doktor  
*Name of Doctor*

Kelulusan dan cop rasmi klinik  
*Qualification and official stamp of clinic*

**PERAKUAN KEBENARAN BIUS (ANAESTHESIA) DAN PEMBEDAHAN**  
**AUTHORISATION FOR ANAESTHESIA AND SURGICAL PROCEDURE**

Pegawai Kesihatan/ Perubatan  
*Medical Officer/ Student Health Physician*  
University Kebangsaan Malaysia

Saya: \_\_\_\_\_ No. kad Pengenalan/ Pasport \_\_\_\_\_  
*I /C/Passport No.*

Bapa/ Ibu/ Penjaga kepada \_\_\_\_\_  
*Father/ mother/ guardian (Nama Calon/ candidate's name)*

No. Kad Pengenalan/ Pasport \_\_\_\_\_  
*I/C/ Passport No..*

Dengan ini memberi kuasa kepada tuan untuk menandatangani kebenaran bagi pihak saya, jika pada pandangan doktor yang calon ini memerlukan rawatan bius (anaesthesia) atau/ dan pembedahan segera, sedang saya tidak dapat hadir pada masa yang diperlukan.

*Hereby authorize the medical officer to sign on my behalf as an approval to administer anesthesia or carry out a surgical procedure on the applicant in my absence in the event of an emergency as confirmed by the attending doctor, when required.*

Saya tidak akan mengambil sebarang tindakan terhadap Universiti Kebangsaan Malaysia dan membebaskan Universiti ini dari sebarang tuntutan sama ada dari pihak saya atau pihak lain jika berlaku sebarang kemungkinan yang timbul daripada prosedur tersebut.

*I will absolve Universiti Kebangsaan Malaysia of any claims from myself or any other parties for any unfavorable consequences which may arise from the said procedure.*

Di hadapan/ *In the presence of*  
Tandatangan/ *Signature*

Yang benar  
*Yours Faithfully*

\_\_\_\_\_  
*(Nama Saksi/ Name of Witness)*

\_\_\_\_\_  
Tandatangan Bapa/ Ibu/ Penjaga  
*Signature of father/ mother/ guardian*

No. Kad Pengenalan/ Pasport Saksi: \_\_\_\_\_  
*I/C No./ Passport No. of Witness:*

\_\_\_\_\_  
Tarikh/ *Date:*

Alamat Saksi:  
*Address of Witness:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_