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|  <b>UNIVERSITI<br/>KEBANGSAAN<br/>MALAYSIA</b><br><i>The National University<br/>of Malaysia</i> | <b>UKM-SPKPPP-PT(P)01-JP-AK01-BO13</b> | <b>No. Semakan: 00</b> | <b>Tarikh Kuat Kuasa:<br/>01/01/2023</b> |
|   | <b>MEDICAL REPORT</b>                  |                        |  |

### MEDICAL EXAMINATION FOR ADMISSION TO UNIVERSITY SERVICE

The candidate for appointment must complete the form below and hand it to the Medical Officer at the time of examination, together with the accompanying letter of authority.

Surname (in block letters) .....

First name (in full) .....

Address .....

Date of Birth ..... Age last birthday .....

N.R.I.C.Passport No ..... Occupation .....

State whether you are married or single .....

Have you suffered from:

(a) Spitting of blood, asthma, pleurisy, from ) .....  
Any complaint of the lung? )

(b) Rheumatism, gout, fainting fits, or rupture? ) .....

(c) Nervous complaint, mental disorder, or fits ) .....

(d) Any other disease or from serious personel ) .....  
Injury )

Have you ever been examined by Medical Board? If so, ) .....  
Please give particulars )

If you are or have been in receipt of a pension from any ) .....  
Source, please state whether you have any objection to ) .....  
The disclosure by the source of all medical papers ) .....  
Relating to your case for the information of the Medical ) .....  
Officer )

Have any members of your family or near relatives ever ) .....  
Been, or are now, subject to tuberculosis, insanity or fits )

I hereby declare that the answers given above are true and complete.

Date: ..... Signature: .....

Note: - If you ever wear glasses for any purpose, you should take them with you for inspection by Medical Officer.

### MEDICAL EXAMINATION FOR ADMISSION TO UNIVERSITY SERVICE

Examination Medical Officer are requested to make thorough examination of the applicant and to complete the report below:

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|    |     |                                      |     |     |     |
|----|-----|--------------------------------------|-----|-----|-----|
| 1. | (a) | Is the applicant know to you?        | ... | ... | (a) |
|    | (b) | Have you attended him/her medically? | ... |     | (b) |
|    | (c) | Height                               | ... | ... | (c) |
|    | (d) | Weight                               | ... | ... | (d) |

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|    |                       |                                  |     |     |     |
|----|-----------------------|----------------------------------|-----|-----|-----|
| 2. | EXAMINATION OF EYES:- |                                  |     |     |     |
|    | (a)                   | Vision (uncorrected)             | ... | ... | (a) |
|    | (b)                   | Vision (corrected with glasses)  | ... | ... | (b) |
|    | (c)                   | Fundus examination (if possible) | ... | ... | (c) |

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|    |                       |                       |     |     |     |
|----|-----------------------|-----------------------|-----|-----|-----|
| 3. | EXAMINATION OF EARS:- |                       |     |     |     |
|    | (a)                   | Any discharge present | ... | ... | (a) |
|    | (b)                   | Condition of drum     | ... | ... | (b) |
|    | (c)                   | Acuity of hearing     | ... | ... | (c) |

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|    |                      |  |     |     |     |
|----|----------------------|--|-----|-----|-----|
| 4. | EXAMINATION OF TEETH |  | ... | ... | ... |
|----|----------------------|--|-----|-----|-----|

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|    |                       |  |     |     |     |
|----|-----------------------|--|-----|-----|-----|
| 5. | EXAMINATION OF THROAT |  | ... | ... | ... |
|----|-----------------------|--|-----|-----|-----|

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6. EXAMINATION OF CHEST:-

- |     |                          |     |     |     |     |
|-----|--------------------------|-----|-----|-----|-----|
| (a) | Any abnormality of form  | ... | ... | ... | (a) |
| (b) | Expansion normal?        | ... | ... | ... | (b) |
| (c) | Equal on both sides ?    | ... | ... | ... | (c) |
| (d) | Percussion               | ... | ... | ... | (d) |
| (e) | Auscultation             | ... | ... | ... | (e) |
| (f) | X-ray examination report | ... | ... | ... | (f) |

7. CONDITION OF HEART:-

- |     |                                   |     |     |     |     |
|-----|-----------------------------------|-----|-----|-----|-----|
| (a) | Rhythm                            | ... | ... | ... | (a) |
| (b) | Character of impulse at Apex beat | ... | ... | ... | (b) |
| (c) | Position of Apex beat             | ... | ... | ... | (c) |
| (d) | Any alteration of size?           | ... | ... | ... | (d) |
| (e) | Any murmurs present?              | ... | ... | ... | (e) |
| (f) | Exercise tolerance test           | ... | ... | ... | (f) |

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8. PULSE

- |     |                                  |     |     |     |     |     |
|-----|----------------------------------|-----|-----|-----|-----|-----|
| (a) | Rate                             | ... | ... | ... | ... | (a) |
| (b) | Character                        | ... | ... | ... | ... | (b) |
| (c) | Any evidence of arterial changes | ... | ... | ... | ... | (c) |

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9. BLOOD PRESSURE:-

- |     |                                |     |     |     |
|-----|--------------------------------|-----|-----|-----|
| (a) | Mercurial manometer preferred  | ... | ... | (a) |
| (b) | Take readings lying or sitting | ... | ... | (b) |
-

10. IS THERE ANY ENLARGEMENT OF:-

- |     |                                       |     |     |     |     |     |
|-----|---------------------------------------|-----|-----|-----|-----|-----|
| (a) | The liver, or                         | ... | ... | ... | ... | (a) |
| (b) | Spleen, or                            | ... | ... | ... | ... | (b) |
| (c) | Any abnormal swelling in the abdomen? | ... |     |     |     | (c) |
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11. EXAMINATION OF URINE:-

- |     |                                      |     |     |     |     |     |
|-----|--------------------------------------|-----|-----|-----|-----|-----|
| (a) | S. Gravity                           | ... | ... | ... | ... | (a) |
| (b) | Albumin                              | ... | ... | ... | ... | (b) |
| (c) | Sugar                                | ... | ... | ... | ... | (c) |
| (d) | Acetone                              | ... | ... | ... | ... | (d) |
| (e) | Microscopical examination of deposit |     |     |     | ... | (e) |
| (f) | Illegal substance (drug)             | ... | ... | ... |     | (f) |
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12. EXAMINATION OF HERNICAL ORIFICES ... ..

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13. EXAMINATION OF VERVOUS SYSTEM:-

- |     |                                       |     |     |     |     |
|-----|---------------------------------------|-----|-----|-----|-----|
| (a) | Condition of patellar reflexes        | ... | ... |     | (a) |
| (b) | Condition of ankle reflexes           | ... | ... |     | (b) |
| (c) | Condition of plantar reflexes         | ... | ... |     | (c) |
| (d) | Are the pupils equal?                 | ... | ... |     | (d) |
| (e) | Do pupils react to light?             | ... | ... |     | (e) |
| (f) | Do the pupils react to accommodations |     |     | ... | (f) |
| (g) | Any sensory loss?                     | ... | ... | ... | (g) |
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Any further reexamination which the examining officer considers necessary to make and the result thereof.

I hereby certify that I have examined .....  
..... and that I find him/her free from organic disease and a fit person  
for appointment to University Service.

Signature .....

Qualification .....

Appointment .....

Official seal .....