LAPORAN PEMERIKSAAN KESIHATAN
HEALTH EXAMINATION REPORT

Gambar ukuran pasport

Passport size photo

Untuk diisi oleh calon / *To be completed by candidate*
Sila isikan dengan huruf besar / *Please use block letters*

BAHAGIAN 1
PART 1

TAHUN AKADEMIK / *ACADEMIC YEAR* ____ / ____

KOD KURSUS / *COURSE CODE*

SEMESTER

FAKULTI / *FACULTY*

NO. MATRIK / *MATRIC NO.*

NAMA PENUH / *FULL NAME*

NO. KAD PENGENALAN / PASPORT / *IDENTITY CARD / PASSPORT NO.*

UMUR / *AGE*

AGAMA / *RELIGION*

BANGSA / *RACE*

TARIKH LAHIR / *DATE OF BIRTH*
D D M M Y Y Y Y

LELAKI / *MALE* ☐ PEREMPUAN / *FEMALE* ☐ BUJANG / *SINGLE* ☐ KAHWIN / *MARRIED* ☐

NAMA PENJAGA / *NAME OF GUARDIAN*

ALAMAT TETAP / *PERMANENT ADDRESS*

ALAMAT SURAT MENYURAT / *MAILING ADDRESS*

NO. TELEFON / *TELEPHONE NO.*
1
2
3

BAHAGIAN 2 – Sila tandakan (√) di kotak berkenaan.
PART 2 – Please tick (√) in the relevant box.

Pengakuan penyakit diri dan keluarga. Jelaskan jika anda mengidap penyakit berikut atau penyakit lain yang serius.
Declaration of self and family illness. Explain in full if you or your family has any of the following or other serious illnesses.

Masalah / *Problems*	Sendiri / *Self*		Keluarga / *Family*		Jika "Ya" sila nyatakan / *If "Yes" please state.*
	Ya / *Yes*	Tidak / *No*	Ya / *Yes*	Tidak / *No*	
Penyakit sejak lahir atau baka / *Congenital or inherited disorder*					
Alahan / *Allergy*					
Sakit jiwa / *Mental illness/ Suicidal attempt*					
Epilepsi, Sawan, angin ahmar, penyakit saraf / *Epilepsy, Fits, stroke, other neurological disorder*					
Kencing manis / *Diabetes*					
Darah tinggi / *Hypertension*					
Jantung atau salur darah / *Heart or vascular disease*					
Asma / *Asthma*					
Sakit buah pinggang / *Kidney disease*					
Barah / *Cancer*					
Batuk kering / *Tuberculosis*					
Ketagihan dadah / *Drug addiction*					
AIDS, HIV					
Hepatitis B					
Sejarah pembedahan / *History of surgery*					
Kecacatan anggota, pancaindera/*Deformity of limbs or sensory organ*					
Merokok / *Smoking*					
Penyakit serius lain / *Other serious illnesses*					

Adakah anda sedang menerima rawatan? Ya / Yes ☐ Tidak / No ☐
Are you on any medical treatment?
Jika "Ya" sila nyatakan / *If "Yes" please state* --

Saya dengan ini mengaku bahawa keterangan yang diberi di atas adalah benar. / *I hereby certify that the information given above is true.*

Saya dengan ini juga mengizinkan laporan perubatan ini diserahkan untuk kegunaan Universiti. / *I hereby give my consent for this medical report to be submitted to the University.*

Tarikh / *Date*

Tandatangan calon / *Signature of candidate*

PART 3 TO BE FILLED BY EXAMINING DOCTOR

1. General examinations

a. Height		cm	b. Weight		kg
c. BMI					
d. Pulse		Per minute	e. BP		mmHg

	Yes	No		Yes	No
Pallor			Cyanosis		
Oedema			Jaundice		
Lymph nodes			Skin		

					Additional comments
2. Eyes					
a. Unaided vision	Right	6/…	Left	6/	
b. Aided vision	Right		Left		
c. Colour vision	Normal		Abnormal		
d. Funduscopy	Normal		Abnormal		
3. Ears	Normal		Abnormal		
4. Dental and Oral cavity	Normal		Abnormal		
5. Neck	Normal		Abnormal		
6. Cardiovascular	Normal		Abnormal		
7. Respiratory system					
a. Examination	Normal		Abnormal		
b. Chest X-ray	Normal		Abnormal		

Date of X-ray	Place X-ray taken	X-ray reference Nº

8. Abdomen and hernia orifices	Normal		Abnormal		
9. Nervous system and mental condition	Normal		Abnormal		
10. Musculoskeletal system	Normal		Abnormal		

PART 4 *

12. Urine
    a. Sugar ☐ b. Albumin ☐ c. Microscopy ____________________________

PART 5

Certification by doctor: Please tick (√) in the appropriate box

I hereby certify that I have on this date ________________ examined ______________________________________ ________
Identification card number / Passport number __________________________ and found:

- ☐ The above named is in good health
- ☐ The above named has ____
- ☐ The above named is undergoing treatment for: ____

Date ____________________

Signature of Doctor : ___________________________
Name of Doctor : ___________________________
Qualification and : ___________________________
Official stamp of Clinic

For University Official :