UMS
UNIVERSITI MALAYSIA SABAH

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LAPORAN PEMERIKSAAN PERUBATAN
MEDICAL EXAMINATION REPORT

SILA ISI MENGGUNAKAN HURUF BESAR
(PLEASE USE CAPITAL LETTERS)

Gambar ukuran paspot (*Passport size photo)*

SEKSYEN 1 – Untuk Diisi Oleh Calon
***(SECTION 1** (To Be Completed By Candidate))*

BAHAGIAN A *(PART A)*

NAMA PENUH / *FULL NAME*

KEWARGANEGARAAN / *NATIONALITY*

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

NO. TELEFON / *CONTACT NO*.

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

UMUR / *AGE*

JANTINA / *GENDER*
L/ M
P/ F

STATUS PERKAHWINAN / *MARITAL STATUS*
BUJANG *SINGLE*
KAHWIN/M*ARRIED*

TAHUN AKADEMIK / *ACADEMIC YEAR*
/

KOD KURSUS / *COURSE CODE*

SEMESTER

FAKULTI / *FACULTY*

NO. MATRIK / *MATRIC NO*.

NAMA SAUDARA TERDEKAT / PENJAGA / *NEXT OF KIN'S / GUARDIAN'S NAME*

ALAMAT SAUDARA TERDEKAT / *NEXT OF KIN'S ADDRESS*

NO. TELEFON SAUDARA TERDEKAT / *NEXT OF KIN'S CONTACT NUMBER*

HUBUNGAN / *RELATIONSHIP*

BAHAGIAN B - Sila tandakan (√) dalam kotak yang berkenaan
***(PART B** - Please tick (√) in the relevant box.)*

Pengisytiharan tahap kesihatan diri sendiri dan keluarga. Sila maklumkan dengan jelas jika anda atau ahli keluarga anda menghidapi penyakit-penyakit berikut. Ahli keluarga adalah ibu, bapa dan adik beradik.
(Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses. Immediate family refers to father, mother, brothers / sisters.)

MASALAH PERUBATAN ***(MEDICAL PROBLEMS)***	**SENDIRI** ***(SELF)***		**KELUARGA** ***(FAMILY)***		**Jika "Ya" sila nyatakan** ***(If "Yes" please state)***
	Ya ***(Yes)***	**Tidak** ***(No)***	**Ya** ***(Yes)***	**Tidak** ***(No)***	
1. Kecacatan kekal atau penyakit diwarisi / *Congenital or inherited disorder*					
2. Alahan / *Allergy*					
3. Penyakit mental / Mental illness					
4. Sawan, angin ahmar, penyakit saraf yang lain / *Fits, stroke, other neurological disease*					
5. Kencing manis / *Diabetes Mellitus*					
6. Darah tinggi / *Hypertension*					
7. Penyakit jantung atau kardiovaskular / Heart or vascular disease					
8. Lelah / *Asthma*					
9. Penyakit tiroid / *Thyroid disease*					
10. Penyakit buah pinggang / *Kidney disease*					
11. Kanser / *Cancer*					
12. Batuk kering / *Tuberculosis*					
13. Ketagihan dadah / Drug addiction					
14. AIDS, HIV					
15. Sejarah pembedahan / *History of surgery*					
16. Hepatitis B/C					
17. Penyakit lain / *Other illnesses*					

Perubatan semasa (jangkamasa panjang / *Current medication (Long term)*

1._____ 3._____

2._____ 4._____

SEJARAH IMUNISASI – jika berkenaan ***(IMMUNIZATION HISTORY - where applicable)***	**TARIKH IMUNISASI** ***(DATE IMMUNIZED)***				
1. BCG					
2. Hepatitis B					
3. Rubella					
4. Yellow Fever					
5. Meningococcal					
6. Typhoid					
7. Influenza					
8. Lain-lain / *Others*					

*Sekiranya perlu, pelajar adalah dinasihatkan untuk mendapatkan pelalian yang berkaitan dengan nasihat pegawai perubatan.
(Students are hereby advised to consult medical officer if vaccination is needed.)

Saya dengan ini mengesahkan bahawa maklumat di atas adalah benar. Saya sedia maklum bahawa permohonan saya akan ditolak sekiranya maklumat yang diberikan adalah tidak benar. Saya dengan ini memberi keizinan agar laporan perubatan ini diserahkan kepada pihak universiti.

(I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given. I hereby give my consent for this medical report to be submitted to the university.)

Tarikh / Date

Tandatangan calon /
Signature of candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT

HEIGHT : _____ m

WEIGHT : _____ kg

BMI : _____ kg/m^2

BLOOD PRESSURE : _____ mmHg

PULSE RATE : _____ / min

VISION TEST : Unaided : (R) _____ (L) _____

Aided : (R) _____ (L) _____

COLOUR VISION TEST :

NORMAL / ABNORMAL

2. GENERAL EXAMINATION

ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

SECTION 3 - INVESTIGATIONS

Part 1:

URINE TEST		
ITEM	**DATE TAKEN**	**RESULT**
a. ALBUMIN		
b. SUGAR		

Part 2:
Other Relevant Investigation (if applicable):

- Urine for drugs, blood test and chest Xray is not mandatory. However if indicated or subjected to university's rules (i.e. foreign student, candidates for medical/allied health enrol) and/or examining doctor's request, all reports must be enclosed.

URINE FOR DRUGS		
ITEM	**DATE TAKEN**	**RESULT**
a. MORPHINE		
b. CANNABIS		
c. AMPHETAMINES TYPE STIMULANT		

BLOOD TEST		
ITEM	**DATE TAKEN**	**RESULT**
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS Bs ANTIBODY		
c. HEPATITIS C		
d. VDRL / TPHA		
e. HIV		
f. MALARIAL PARASITE		
g. RUBELLA SEROLOGY		

CHEST X-RAY INFORMATION	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
REPORT	

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

I hereby certify that I have examined _____
with ID No. / Passport No._____ on this date _____
and found him/her:

☐ IN GOOD HEALTH

☐ HAS MEDICAL PROBLEM (Please State)

_____
_____
_____

☐ IS UNDERGOING TREATMENT FOR: (Please State)

_____
_____
_____

Date _____

Signature of Doctor : _____
Name of Doctor : _____
Qualification & : _____
Official stamp of Clinic

Remarks by University Official: