UMS
UNIVERSITI MALAYSIA SABAH

LAPORAN PEMERIKSAAN PERUBATAN– PENUNTUT MALAYSIA
MEDICAL EXAMINATION REPORT – MALAYSIAN STUDENT

Gambar ukuran paspot (*Passport size photo)*

SILA ISI MENGGUNAKAN HURUF BESAR
(PLEASE USE CAPITAL LETTERS)

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/*MARRIED*

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*					
18. Adakah anda merokok/ *smoking*					

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

1.______________________________ 3.________________________________

2.______________________________ 4.________________________________

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	BLOOD PRESSURE :________________mmHg
WEIGHT :____________________kg	PULSE RATE :________________/ min
BMI :_____________kg/m^2	
VISION TEST : Unaided : (R)_________(L) _________	COLOUR VISION TEST :
Aided : (R)_________(L) _________	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

Investigations are not mandatory EXCEPT candidates for medical/nursing enroll and/or if deemed necessary by examining registered medical practitioners.

Test results and x-ray report must be enclosed.

Part 1: URINE TEST

Urinalysis: Compulsory for medical and nursing students.
**Urine Pregnancy Test: Compulsory for female nursing students.*

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

Part 2: CHEST X-RAY

Compulsory for medical and nursing students.

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

Part 3: SEROLOGY BLOOD TEST

Compulsory for medical and nursing students.

BLOOD TEST		
ITEM	**DATE TAKEN**	**RESULT**
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS Bs ANTIBODY		
c. HEPATITIS C		
d. HIV		

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: