CONFIDENTIAL

MINISTRY OF HIGHER EDUCATION MALAYSIA

MEDICAL REPORT

PART 1 : HEALTH DECLARATION
PART 2 : MEDICAL EXAMINATION FORM

Instruction: (Kindly use BLACK ink ball pen in block letters or typewriting to fill up this form)

Part 1 : Personal Details and Health Declaration - to be completed by student
Part 2 : Medical Examination - to be completed by certified physician
Note: Student is responsible to return this form to Scholarship Division with the application form once completed

PART 1
PERSONAL DETAILS

Name: Passport Number: Date of Birth

/ /

Sex: M [ ] F [ ] Marital Status: Single [ ] Married [ ] Other: _____
(M – Male F – female)

Home Address: Contact Number:
Tel:
E mail:

Name, relationship and address of next of kin: Contact Number:
Tel :
E mail :

HEALTH DECLARATION

Have you ever suffered any of the following conditions?

*Please mark **X** in appropriate column*

SN	ILLNESS	YES	NO
1.	Psychiatric illness		
2.	Epilepsy		
3.	Migraine		
4.	Hysteria		
5.	Allergic Rhinitis		
6.	Asthma		
7.	Tuberculosis (PTB)		
8.	Hypertension (HPT)		
9.	Diabetes Mellitus (DM)		
10.	Heart Diseases		
11.	Thyroid Diseases		
12.	Kidney Diseases		
13.	Gastric		
14.	HIV/AIDS		
15.	Cancer		
16.	Venereal Diseases		
17.	Leukemia		
18.	Hepatitis		

Please state *(if any):*

Other illnesses

_____

Operation/Surgical

_____

Allergic

_____

Family Medical History

Disability/Handicap

I hereby certify that the above information is true and complete, and agree that any misrepresentation or deliberate omissions of a material fact on this form may result in myself not being permitted to enter a programme or may result in termination. I hereby grant Scholarship Division, Ministry of Higher Malaysia permission to share information contained in my Medical Examination Form.

X

Signature Date

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PART 2
MEDICAL EXAMINATION

(Physician must complete all questions and give additional comment where necessary. Kindly note that physician is responsible for the information, suggestions and recommendation regarding the student's health given in this form)

Name of Applicant : **Date of Birth**
/ /

PHYSICAL EXAMINATION

WEIGHT	HEIGHT
BLOOD PRESSURE	PULSE
SKIN	COLOR
EYE VISION TEST (RT)	EYE VISION (LT)

Are there abnormalities of the following systems? If yes, describe fully using additional sheet if necessary ***(Please mark X in the appropriate column)***

SN	SYSTEMS	NORMAL	ABNORMAL	COMMENT
1.	Skin			
2.	Head			
3.	Eyes			
4.	Ears			
5.	Nose			
6.	Mouth			
7.	Neck			
8.	Chest			
9.	Breasts			
10.	Cardiovascular			
11.	Syncope			
12.	Chest Pain			
13.	Heart Murmur			
14.	Abdomen			
15.	Genitourinary			
16.	Extremities			
17.	Neurology			

URINE TEST

NAD		**WBC**		**RBC**		**PROTEIN**		**GLUCOSE**	

HEPATITIS TEST

POSITIVE		**NEGATIVE**	

PREGNANCY TEST

POSITIVE		**NEGATIVE**	

HIV TEST

POSITIVE		**NEGATIVE**	

Is the student now under treatment for any physical or emotional condition?

Do you have any recommendations for the health care of this student?

By history and physical examination, is this student a carrier of any communicable disease?

CERTIFICATION BY THE MEDICAL OFFICER:

I certify that I have examined the above candidate and in my opinion:

- The candidate is medically fit to undertake a course in Malaysia
- The candidate suffers a mental or physical defect and is NOT in good health.

Name of physician *(in BLOCK LETTERS)* :……
Name of Hospital / Clinic :……
Address : …….. Official stamp:
……
……

Signature of physician: …… Date : …….

Note: In completing this form, particular attention should be paid to the following points: -

(a) X-ray of chest to rule out any tuberculosis or chronic pulmonary disease; where the film is entirely normal it needs not be forwarded, but if any abnormality is noted the film should be sent with this report.
(b) Kidneys – no evidence of renal lesion should be present
(c) Eyesight – severe errors of refraction should be not be passed as these should only give trouble during the years of study.
(d) Hearing – deafness should be considered a definite bar