

MEDICAL EXAMINATION REPORT FOR LOCAL / INTERNATIONAL STUDENT AND ACCOMPANYING PERSON

passport sized photo here

Affix

International students are required to complete this form after arrival to Malaysia at USM Health Facilities Centres/USM Hospital/Malaysia Public Hospitals/Clinics only.

Local students can proceed for Medical Examination at any hospitals/clinics.

PLEASE USE CAPITAL LETTERS SECTION 1 (TO BE COMPLETED BY CANDIDATE) (PART A)
FULL NAME (AS IN PASSPORT / IC)
PASSPORT NO.
IDENTITY CARD NO (MALAYCIAN ONLY)
IDENTITY CARD NO. (MALAYSIAN ONLY)
NATIONALITY
DATE OF BIRTH AGE CONTACT NO.
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ו או או או ט ט אוואו ט ט אוואו ט ט
ACADEMIC YEAR PROGRAMME
MASTER DOCTORATE / PHD
GENDER MARITAL STATUS
MALE FEMALE SINGLE MARRIED
SCHOOL / CENTRE / INSTITUTE
NEXT OF KIN (RELATIVES)
NEXT OF KIN'S ADDRESS
NEXT OF KIN'S CONTACT NUMBER

SECTION 1

(PART B) - Please tick ($\sqrt{\ }$) in the relevant box Declaration of self and family illness. Explain in full if you or your family has any of the following illness. • Immediate family refers to father, mother, brothers / sisters

MEDICAL PROBLEMS		SELF		DIATE MILY	If "Yes" please state
MEDIOAE I ROBLEMO	Yes	No	Yes	No	
Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
3. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illness					

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IMMUNISATION HISTORY (where applicable)	D/	ATE IMMUNIS	ED	
Yellow Fever*				
2. BCG*				
3. Meningitis (Quadrivalent)*				
4. Hepatities B*				
5. Others				

I hereby certify that the information	given above is true.	I understand that my	y application will be	rejected if there
is any false information given.				

Date	Signature of candidate

^{*} Applicable for international candidates only.

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT			
HEIGHT :		m	BLOOD PRESURE :mmHg
WEIGHT :		kg	PULSE RATE : / min
			COLOUR VISION TEST:
VISION TEST : Unaided : (R)	(L)		NORMAL / ABNORMAL
Aided : (R)	(L)		

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

3. SYSTEM EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (Including fundus copy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIAL ORIFICES			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

SECTION 3 - INVESTIGATIONS

To be filled by examining doctor

1. URINE TEST				
ITEM	DATE TAKEN	RESULT		
a. ALBUMIN				
b. SUGAR				
c. MICROSCOPIC				
d. MORPHINE				
e. CANNABIS				
f. AMPHETAMINES TYPE STIMULANT				

^{*} Malaysian candidates are required to conduct tests for item a, b, and c only.

2. BLOOD TEST (Please attach all the original lab report)				
ITEM	DATE TAKEN	RESULT		
a. HEPATITIS Bs ANTIGEN				
b. HEPATITIS C				
c. HIV				
d. VDRL / TPHA				
e. MALARIAL PARASITE				

^{*} International candidates are required to conduct all the above tests.

3. CHEST X-RAY INFORMA	3. CHEST X-RAY INFORMATION		
CHEST X-RAY NO.			
DATE TAKEN			
PLACE TAKEN			
REPORT			

^{*} International candidates are required to conduct all the above tests.

^{*} Malaysian candidates for Master of Medicine, Master of Surgery and Master of Pathology are required to conduct tests for item a, b, and c only.

^{*} Malaysian candidates for other programs are NOT required to conduct Blood Test.

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick ($\sqrt{\ }$) in the appropriate box

I certify that I have	e on this date examined Mr. / Ms
IC / Passport No.	and found him / her: -
	IN GOOD HEALTH
	HAVING THE FOLLOWING MEDICAL COMPLICATION(S) (Please State)
	UNDERGOING TREATMENT FOR: (Please State)
Date	Signature of Doctor Name of Doctor
	Qualification
	Hospital / Clinic Registration Number
	Official Stamp
Remarks by Un	iversity / College Official