

SECTION 1

(PART B) - Please tick (✓) 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		IMMEDIATE FAMILY		If "Yes" please state
	Yes	No	Yes	No	
1. 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					

Current medication (Long term)

IMMUNISATION HISTORY (where applicable)	DATE IMMUNISED				
1. Yellow Fever*					
2. BCG*					
3. Meningitis (Quadrivalent)*					
4. Hepatitis B*					
5. Others					

** Applicable for international candidates only.*

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.

Date

Signature of candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESURE : _____ mmHg
WEIGHT : _____ kg	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. 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		

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

** 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.*

** 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.*

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

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (✓) in the appropriate box

I certify that I have 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 University / College Official