



JABATAN PEMBANGUNAN SUMBER MANUSIA

HEALTH DECLARATION AND MEDICAL EXAMINATION FORM

Borang Pengakuan Dan Pemeriksaan Kesihatan

Instruction : (Kindly use **BLACK** ink ball pen to fill up this form)

- (i) Health Declaration : to completed by student
 (ii) Medical Examination : to completed by certified physician

Note : Student is responsible to return this form to JPbSM once completed

Arahan : (Sila gunakan pen mata bulat berdakwat **HITAM** sahaja untuk mengisi borang ini)

- (i) Pengakuan Kesihatan : diisi oleh pelajar
 (ii) Pemeriksaan Kesihatan : diisi oleh pegawai perubatan yang diiktiraf
Nota : Pelajar adalah bertanggungjawab untuk mengembalikan borang yang telah lengkap diisi ke JPbSM

PERSONAL DETAILS

Maklumat Peribadi

Name <i>Nama</i>	I.C. No <i>No. KP</i>	Date of Birth <i>Tarikh Lahir</i>
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Sex: M [] F [] Marital Status : Single [] Married [] Other : _____
Jantina: L P Status Perkahwinan Bujang Berkahwin Lain-lain

Home Address <i>Alamat Kediaman</i>	Contact Number <i>No. Untuk dihubungi</i>
	(H) R : (H/P) T/B:
Name, relationship and address of next of kin <i>Nama hubungan dan alamat waris</i>	Contact Number <i>No. Untuk dihubungi</i>
	(H) R : (H/P) T/B:

HEALTH DECLARATION
Pengakuan Kesehatan

Have you ever suffered any of the following conditions?
Pernahkah anda mengalami masalah-masalah kesehatan berikut?

*Please mark x in appropriate column
Tandakan x di ruang berkenaan*

SN	ILLNESS	YES	NO
1.	Psychiatric illness / <i>(Sakit Jiwa)</i>		
2.	Epilepsy / <i>(Sawan)</i>		
3.	Migraine / <i>(Migrain)</i>		
4.	Hysteria / <i>(Histeria)</i>		
5.	Allergis Rhinitis / <i>(Resdung)</i>		
6.	Asthma / <i>(Lelah)</i>		
7.	Tuberculosis / <i>(Batuk Kering)</i>		
8.	Hypertension (HPT) / <i>(Darah Tinggi)</i>		
9.	Diabetes Mellitus / <i>(Kencing Manis)</i>		
10.	Heart Diseases / <i>(Penyakit Jantung)</i>		
11.	Thyroid Diseases / <i>(Penyakit Tiroid)</i>		
12.	Kidney Diseases / <i>(Penyakit Buah Pinggang)</i>		
13.	Gastric / <i>(Penyakit Gastrik)</i>		
14.	HIV/AIDS		
15.	Cancer / <i>(Barah)</i>		
16.	Veneral Diseases / <i>(Penyakit Kelamin)</i>		
17.	Leukemia / <i>(Leukimia)</i>		
18.	Hepatitis / <i>(Hepatitis)</i>		

Please State *(Sila nyatakan)*

Other illnesses / *(Penyakit-penyakit lain)*

Operation/Surgical / *(Pembedahan)*

Allergic/ (Alahan)

Family Medical History / (Sejarah Kesihatan Keluarga)

Disability/Handicap / (Kecacatan)

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 my not being permitted to enter a program, or may result in termination. I hereby grant Human Resources Development Office of Registrar, permission to share information contained in my Medical Examination Form.

Saya dengan ini mengakui bahawa maklumat di atas adalah benar dan lengkap dan bersetuju sekiranya terdapat maklumat yang tidak benar atau dengan sengaja tidak menyatakan perihal sebenar di dalam borang ini akan menyebabkan saya tidak dibenarkan mengikuti program yang ditawarkan atau menghadapi kemungkinan ditamatkan daripada program. Saya, dengan ini memberi kebenaran kepada Bahagian Biasiswa, Jabatan Pembangunan Sumber Manusia (JPbSM), Pejabat Pendaftar, UiTM untuk berkongsi maklumat yang terdapat di dalam Borang Pemeriksaan Kesihatan saya.

X

Signature
Tandatangan

Date
Tarikh

CONFIDENTIAL

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)

Student Name

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

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

URINE TEST

NAD		WBC		RBC		PROTEIN		GLUCOSE	
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HEPATITIS TEST

POSITIVE		NEGATIVE	
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PREGNANCY TEST

POSITIVE		NEGATIVE	
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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?

RESULT

Medicallyfit		Unfit		Limited Capability	
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X

Physician Signature

Date

Post and Qualification

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 bur 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