SCHOLARSHIP DIVISION
Bahagian Biasiswa

MINISTRY OF HIGHER EDUCATION
Kementerian Pendidikan Tinggi

HEALTH DECLARATION AND MEDICAL EXAMINATION FORM
Borang Pengakuan dan Pemeriksaan Kesihatan

Instruction : (Kindly use BLACK ball point pen only to fill up this form)

(i) Health Declaration - to be completed by student
(ii) Medical Examination - to be completed by certified physician
Note : Student is responsible to return this form to Ministry of Higher Education once completed.

Arahan : (Sila gunakan pen mata bola 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 Kementerian Pendidikan Tinggi

PERSONAL DETAILS
Maklumat Peribadi

Name : *Nama :*	**I.C.No** : *No.K/P :*	**Date of Birth :** *Tarikh Lahir :* / /

Sex : M [ ] F [ ] ***Jantina: L P*** **Marital Status : Single [ ] Married [ ] Other : _____** ***Status Perkahwinan: Bujang Kahwin Lain-lain***

Home Address *Alamat Kediaman*	**Contact Number** *No untuk dihubungi* **(H) R :** **(H/P) T/B :**

Name, relationship and address of next of kin *Nama, hubungan dan alamat waris*	**Contact Number** *No untuk dihubungi* **(H) R :** **(H/P) T/B :**

HEALTH DECLARATION

Pengakuan Kesihatan

Have you ever suffered any of the following conditions ?
Pernahkan anda mengalami masalah-masalah kesihatan berikut ?

Please mark x in appropriate column
Tandakan x di ruang berkenaan

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

Please State *(Sila Nyatakan)*

Other illnesses / *(Penyakit-penyakit lain)*

Operation / Surgical / *(Pembedahan)*

Allergic / *(Alahan)*

Family Medical History *(Sejarah Perubatan 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 me not being permitted to enter a program, or may result in termination. I hereby grant Scholarship Division, Ministry of Higher Education, permission to share information contained in my Medical Examination Form.

Saya dengan ini mengaku 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, KPT untuk berkongsi maklumat yang terdapat di dalam Borang Pemeriksaan Kesihatan saya.

X

Signature
Tandatangan

Date
Tarikh

CONFIDENTIAL

MEDICAL EXAMINATION

(Physician must complete all question and give additional comment where necessary. Kindly note that physician is responsible for the information, suggestion 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	Breasts			
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**	

HEPATITIS TEST

POSITIVE		**NEGATIVE**	

PREGNANCY TEST

POSITIVE		**NEGATIVE**	

If 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 ang physical examination, is this student a carrier of any communicable disease ?

RESULT

Medically fit		**Unfit**		**Limited Capability**	

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, 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