

**Main Campus:** No. 6 Jalan Lembah, Bandar Seri Alam,  
 81750 Masai, Johor Bahru  
 Tel: +607 386 1071/ 1076 Email: anr@amu.edu.my

**LAPORAN PEMERIKSAAN PERUBATAN**  
**MEDICAL EXAMINATION REPORT**

Gambar Ukuran  
 Paspot  
*(Passport size  
 photo)*

**SEKSYEN A: Untuk Diisi Oleh Calon**  
**SECTION A : To be filled by Candidate**

Nama Penuh <i>Full Name</i>	
Jantina <i>Gender</i>	
Warganegara <i>Nationality</i>	
No. Kad Pengenalan <i>Identity Card Number</i>	
No. Paspot <i>*Passport Number</i>	
Status Perkahwinan <i>Marital Status</i>	
Tarikh Lahir <i>Date of Birth</i>	
Umur <i>Age</i>	
Fakulti/ Program <i>Faculty/ Programme</i>	
Tahun Akademik <i>Academic Year</i>	
Kod Kursus <i>Course Code</i>	
No. Matrik <i>Matrix No</i>	
No Telefon <i>Phone Number</i>	
Nama Saudara Terdekat <i>Next of Kin/ Guardian's Name</i>	
No Telefon Saudara Terdekat <i>Next of Kin's Contact Number</i>	

*\*For International Students*

**Remarks by University Official:**

**SEKSYEN B:** Pengisytiharan tahap kesihatan diri sendiri dan keluarga. Ahli keluarga terdekat adalah ibu, bapa dan adik beradik.

**SECTION B:** Declaration of self and family illness. Immediate family members are father, mother and brothers/sisters

	PENYAKIT MEDICAL ILLNESS	Sendiri (Self)		Keluarga (Family)		Jika Ya, Sila nyatakan (If yes, please elaborate)
		YES	NO	YES	NO	
1	Kencing Manis/ <i>Diabetes</i>					
2	Darah Tinggi/ <i>Hypertension</i>					
3	Lelah/ <i>Asthma</i>					
4	Tibi/ <i>Tuberculosis</i>					
5	Jantung/ <i>Heart Disease</i>					
6	Thyroid Disease					
7	Sakit Buah Pinggang/ <i>Kidney Disease</i>					
8	Cancer					
9	Sejarah pembedahan / <i>History of Surgery</i>					
10	HIV/ AIDS					
11	Hepatitis B					
12	Hepatitis C					
13	Syphilis					
14	Alahan/ <i>Allergies</i>					
15	Penyakit Mental/ <i>Mental Illness</i>					
16	Penyakit Keturunan/ <i>Inherited Disorder</i>					
17	Penyakit Saraf/ <i>Neurological Disorder</i>					
18	Penyakit lain/ <i>Other illnesses</i>					

SEJARAH IMUNISASI VACCINATION HISTORY	TARIKH IMUNISASI DATES OF IMMUNISATION		
Hepatitis B			
Influenza			
*Meningococcal (A,C,W,Y)			
*Yellow Fever			

*\*For International Candidates only*

Perubatan Semasa (jangkamasalama): 1..... 3.....  
 Current Medications (long term) 2..... 4.....

Saya dengan ini mengesahkan bahawa maklumat diatas adalah benar. Saya sedia maklum bahawa permohonan saya akan ditolak sekiranya maklumat yang diberikan adalah tidak benar. Saya dengan ini memberi keizinan agar laporan perubatan ini diserahkan kepada pihak Universiti.

*I hereby certify that all the information given above and supplied by me to the Medical Doctor is true. I understand that my application will be rejected if there is any false information given. I hereby give my consent for this medical report to be submitted to the University.*

Tandatangan Calon: .....  
 Signature of Candidate

Tarikh:.....  
 Date

*(to be made in the presence of the Medical Doctor)*

**SECTION C: MEDICAL EXAMINATION REPORT**

*To be filled by the Medical Doctor who should state 'Normal' or 'Abnormal'. Chest Xray, Blood and Urine Tests must be done.*

Weight (in kg)		Height (in meters)		BMI (kg/m <sup>2</sup> )	
-------------------	--	-----------------------	--	-----------------------------	--

Blood Pressure		mmHg	Pulse Rate	<i>Per Minute, (Regular/Irregular)</i>
----------------	--	------	---------------	--

Chest Xray Findings	
------------------------	--

**URINE EXAMINATION**

	<i>Results</i>
Albumin	
Sugar	
RBC	
Urine Opiates: Cannabinoids & Morphine (*Please attach results)	

**EYE EXAMINATION**

<i>Examination</i>	<i>Findings</i>	<i>Normal/ Abnormal</i>
Vision Test (Unaided)	(R) eye:	
	(L) eye:	
Vision Test (Aided)	(R) eye:	
	(L)eye:	
Colour Vision Test		

**PHYSICAL EXAMINATION**

<i>Examination</i>	<i>Normal ( Please Tick)</i>	<i>Abnormal (Please Elaborate)</i>
General Condition		
Pallor/ Jaundice		
ENT		
Cardiovascular System		
Respiratory System		
Abdomen		
Musculoskeletal System		
Mental Status		
Genitourinary System		
Skin		
Central Nervous System		

**BLOOD TESTS (For all candidates)**

<i>Test</i>	<i>Results</i>	<i>Normal/ Abnormal</i>
HIV		
Hepatitis B <sub>s</sub> Antigen		
Hepatitis B Antibody		
Hepatitis C Virus Antibody		

*\*Please attach reports*

**BLOOD TESTS (For international candidates)**

<i>Test</i>	<i>Results</i>	<i>Normal/ Abnormal</i>
Hepatitis C Virus Antibody		
VDRL		
TPHA		
Blood Film for Malaria		

*\*Please attach reports*

**CERTIFICATION BY THE EXAMINING MEDICAL DOCTOR**

I certify that I have this day examined the above named, and found him/ her : (Please Tick)

- a) In Good Health.
- b) Has a Medical Problem (Please state).....  
 .....
- c) Is undergoing treatment for .....

Signature :.....

Full Name :

MMC Number :

Hosp/Clinic :

Tel Number :

Date:.....