


**UNIVERSITI MALAYSIA TERENGGANU**
**JABATAN PENDAFTAR**

Aras 1, Bangunan Canselori dan Pentadbiran  
 21030 Kuala Terengganu, Terengganu Darul Iman  
 Tel. : 09-668 4470 Faks : 09-669 6441

**REPORT OF MEDICAL EXAMINATION**
**PART I (To be completed by the candidate)**

Name (Block Letters) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Nationality \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_

1. Have you or has any member of your family ever had any serious illness or surgical operation?  
 \_\_\_\_\_
2. Have you or has member of your family ever been under treatment for tuberculosis?  
 \_\_\_\_\_
3. Have you or has any member of your family ever suffered from mental disease, fits or epilepsy, or been treated in an institution for any kind of these disease?  
 \_\_\_\_\_

I hereby certify that the information supplied by me to the Medical Examiner is correct in every particular.

Signature of candidate (which must be made in the presence of the Medical Examiner).  
 \_\_\_\_\_

**PART II (To be completed by a physician)**
**RESULTS OF MEDICAL EXAMINATION**

State of "Normal", if not, give particulars of any departure from normal.

1. Heart \_\_\_\_\_
2. Blood Pressure \_\_\_\_\_ Max. Min \_\_\_\_\_
3. Lungs \_\_\_\_\_
4. Nervous System \_\_\_\_\_
5. Mental Condition and Intelligence \_\_\_\_\_
6. Digestive Organs \_\_\_\_\_
7. Skeleton - Bones and Joints \_\_\_\_\_
8. Skin \_\_\_\_\_

- 9. Hearing \_\_\_\_\_
- 10. Sight (a) Without glasses \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_  
(b) With glasses (if any) \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_
- 11. Cause of defect of sight \_\_\_\_\_
- 12. Genito Urinary Organs \_\_\_\_\_
- 13. Urine - Is Albumin or Sugar present? \_\_\_\_\_
- 14. Urine Morphine/Heroin Derivatives test\* \_\_\_\_\_
- 15. Teeth \_\_\_\_\_
- 16. Deformities \_\_\_\_\_
- 17. Weight \_\_\_\_\_ Height \_\_\_\_\_
- 18. Mantoux Test (Date and result if done) \_\_\_\_\_
- 19. B.C.G. (Date of inoculation if done) \_\_\_\_\_
- 20. Chest X-Ray Report (The examination should have been made within the last two months and the film should be attached to the report)  
\_\_\_\_\_  
\_\_\_\_\_

Remarks:- In cases where the Medical Examiner is unable to describe the examinee as being in perfect health and development he should state the exact nature of the defect which he finds and whether it is of a permanent or temporary nature.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have this day examined the above named and that the results are set forth, and I certify that in my opinion, subject to any special observations under "Remarks", above named is in good health and of sound constitution, and not suffering from any mental or bodily defect which is likely to render him unfit to pursue or to complete his Diploma/Degree courses of studies/to be employed by Universiti Malaysia Terengganu.

\_\_\_\_\_  
(Signature and Qualification)

\*Please send the report of the test when its ready.

Date: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_