

Universiti Tunku Abdul Rahman			
Form Title : <b>Health Examination Report for International Student</b>			
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# HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENT

Passport size  
photo

**SECTION 1** (To be completed by candidate)  
(PART A)

[illegible][illegible][illegible][illegible]

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MALE  
FEMALE

SINGLE	
MARRIED	

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[illegible][illegible]

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[illegible]



IMMUNIZATION HISTORY (where applicable)	DATE IMMUNIZED				
1. Yellow Fever					
2. BCG					
3. Meningitis (Quadrivalent)					
4. Hepatitis B					
5. Other :					

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.

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Date \_\_\_\_\_

Signature of candidate

## SECTION 2 – PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ m	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			

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f. SKIN DISEASES	
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<b>3. SYSTEM EXAMINATION</b>			
<b>ITEM</b>	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>COMMENT</b>
a. EYES(including funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGUS			
h. ABDOMENT / HERNIAORICES			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

### SECTION 3 - INVESTIGATION

<b>URINE TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE		
e. CANNABIS		
f. AMPHETAMIN TYPE STIMULANT		

<b>BLOOD TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>

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a. HEPATITIS Bs ANTIGEN	
b. HEPATITIS C	
c. HIV	
d. VDRL / THPA	
e. MALARIAL PARASITE	

<b>CHEST X-RAY INFORMATION</b>	
CHEST X-RAY	
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 \_\_\_\_\_ Passport No. \_\_\_\_\_

and found him / her:-

☐

IN GOOD HEALTH

☐

HAVING THE FOLLOWING MEDICAL COMPLICATION (S) (Please state)

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☐

UNDERGOING TREATMENT FOR: (Please state)

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Date \_\_\_\_\_

Signature of Doctor : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Qualification : \_\_\_\_\_

Hospital/Clinic

Registration number : \_\_\_\_\_

Official stamp : \_\_\_\_\_

Remarks by University / College Official: