Appendix 2-6

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UTTAR UNIVERSITI TUNKU ABDUL RAHMAN	With the providence of the pro
UNIVER	SITI TUNKU ABDUL RAHMAN
	EXAMINATION REPORT
PLEASE USE CAPITAL LETTERS SECTION 1 (To be completed by candidate)	Passport size photo
(PART A)	
INTERNATIONAL PASSPORT NO	
	AGE SEX MALE FEMALE
D D M M Y Y MARITAL STATUS ACADEMIC YI SINGLE MARRIED	EAR STUDENT ID
PROGRAMME OF STUDY	
	1

Universiti Tunku Abdul Rahman Health Examination Report for International Student

Effective Date : 12 June 2012

Rev No : 0

Form Title :

Form Number : FM-DCIN-003

	Universiti Tunl	ku Abdul Rahman	
Form Title : Health	n Examination Rep	ort for International Student	
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NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUM

SECTION 1

(PART B) – Please tick ($\sqrt{}$) in the relevant box

Declaration of self and family illness: Explain in full if you or your family has any of the following illness * Immediate family refers to father, mother, brother / sister

MEDICAL PROBLEMS	SE	LF		DIATE /ILY	If " Yes" please state
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
4. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. drug addition					
14. AIDS, HIV					
15. History of surgery					
16. Other illnesses					

Current medication (Long term)

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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.

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)	_COLOUR VISION TEST :
Aided :(R) (L)	NORMAL / ABNORMAL

2. GENERAL EXAMINATION	DN		
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
		3	

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f. SKIN DISEASES	

3. SYSTEM EXAMINATION										
ITEM	NORMAL	ABNORMAL	COMMENT							
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

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

BLOOD TEST		
ITEM	DATE TAKEN	RESULT

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

CHEST X-RAY INFORMATION		
CHEST X-RAY		
DATE TAKEN		
PLACE TAKEN		
REPORT		

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick ($\sqrt{}$) in the appropriate box

I certify that I have on this date	examined
Mr / Ms	Passport No
and found him / har:	

and found him / her:-



IN GOOD HEALTH

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

UNDERGOING TREATMENT FOR: (Please state)

Universiti Tunku Abdul Rahman			
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	•	•	

Signature of Doctor :		
Name of Doctor	:	
Qualification	:	
Hospital/Clinic		
Registration number	:	
Official stamp	:	

Remarks by University / College Official:

Date