يونيورسيتي سلطان زين العابدين
UNIVERSITI SULTAN ZAINAL ABIDIN
ILMU DEMI FAEDAH INSAN

Pendaftar | Registrar

UniSZA-PT03-PK04-BR051

BORANG PENGAKUAN DAN PEMERIKSAAN KESIHATAN
HEALTH DECLARATION AND MEDICAL EXAMINATION FORM

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 UniSZA

Instruction : (Kindly use BLACK ink ball pen only to fill up this from)

(i) Health Declaration - to be completed by student
(ii) Medical Examination - to be completed by certified physician

Note : Student is responsible to return this from to UniSZA once completed

MAKLUMAT PERIBADI
PERSONAL DETAILS

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

Jantina: L P Sex : M [ ] F [ ]

Status Perkahwinan: Bujang Kahwin Lain-lain Marital Status : Single [ ] Married [ ] Other :

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

PENGAKUAN KESIHATAN
HEALTH DECLARATION

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

Tandakan x di ruang berkenaan
Please mark x in appropriate column

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

Sila Nyatakan / (Please State)

Penyakit-penyakit lain / (Other illnesses)

_____

Pembedahan / (Operation / Surgical)

_____

Alahan / (Allergic)

_____

Sejarah Perubatan Keluarga / (Family Medical History)

Kecacatan / (Disability / Handicap)

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.

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 my not being permitted to enter a program, or may result in termination. I hereby grant Sclolarship Division, Ministry of Higher Education, permission to share information contained in my Medical Examination Form.

X

Tandatangan
Signature

Tarikh
Date

SULIT **(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**	

X _____

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