Pusat Pengajian Siswazah | Graduate School

PPS-02

LAPORAN PEMERIKSAAN PERUBATAN UNTUK CALON TEMPATAN
Report of Medical Examination for Local Candidate

Part A: Untuk dilengkapkan oleh calon
Part A: To be completed by the candidate

1. **Nama Penuh**
(Full Name)

2. **No. K/P**
(Identity Card No.) - -

3. **No Pasport**
(Passport No.)

4. **Tarikh Lahir**
(Date of Birth)

5. Jantina
(Sex) Lelaki *(Male)* ☐ Perempuan *(Female)* ☐

6. Bangsa *(Race)* Melayu (*Malay*) ☐ Cina (*Chinese*) ☐ India (*Indian*) ☐ Lain-lain (*Other*) ☐ _____

7. **Warganegara**
(Nationality)

8. **Status perkahwinan**
(Marital Status) Bujang (*Single*) ☐ Berkahwin (*Married*) ☐

9. **Alamat surat menyurat**
(Current correspondence address)

Poskod
(Postcode)

Bandar
(City)

Negeri
(State)

10. **Adakah anda atau ahli keluarga anda pernah mempunyai penyakit yang serius atau pernah menjalani pembedahan?**
(Have you or has any member of your family ever had any serious illness or surgical operation?)

11. **Adakah anda atau ahli keluarga anda pernah menjalani rawatan penyakit tibi?**
(Have you or has any member of your family ever been under treatment of tuberculosis?)

12. **Adakah anda atau ahli keluarga anda pernah mengalami penyakit mental, sawan/ atau epilepsi, atau pernah dirawat di mana-mana institusi berkaitan?**
(Have you or has any member of your family ever suffered from mental diseases, fits or epilepsy, or been treated in an institution for any kind of these diseases?)

Saya mengesahkan bahawa maklumat yang diberikan kepada pegawai perubatan adalah benar.
(I hereby certify that the information supplied by me to the Registered Medical Doctor is true).

Tandatangan calon mesti dibuat dihadapan pegawai perubatan
(Signature of the candidate must be made in the presence of the Registered Medical Doctor)

Tandatangan Calon *(Signature of Candidate)*	**Tarikh** *(Date)*

Part B: To be completed by Registered Medical Doctor

Give particulars of any abnormalities

1. GENERAL APPEARANCE

i.	Weight	
ii.	Height	
iii.	BMI	
iv.	BP	
v.	PR	
vi.	Vision test	Right : Left :
vii.	Colour Blindness	

2. SYSTEMIC EXAMINATION

No.	System	Comment
i.	Lung	
ii.	CVS	
iii.	Digestive system	
iv.	Genitourinary	
v.	Musculoskeletal/Deformities	
vi.	CNS	
vii.	Skin	
viii.	Mental condition	
ix.	Hearing	

3. INVESTIGATION

i.	Urine Sugar/Albumin	
ii.	Morphine	
iii.	HIV Test	
iv.	CXR a. No. X-Ray: b. Date: c. Report:	
v.	Mantoux Test (if needed)	

Remarks: In cases where the Registered Medical Doctor is unable to describe the examinee as being in perfect health and condition, 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 examined the above named that the results are set forth, and I certify that in my opinion, subject to any special observations under "Remarks" , the above named is in good health, and not suffering from any mental illness and physical deformity which is likely to render him/her _____(FIT/UNFIT) to pursue or to complete his/her graduate studies at Universiti Sultan Zainal Abidin.

	Date	
	Address	

Signature and Qualification