



UNIVERSITI
PENDIDIKAN
SULTAN IDRIS
اوتونومستى قنديدين سلطان ادرىس

SULTAN IDRIS EDUCATION UNIVERSITY



NO. IC: _____

NAMA: _____

**LAPORAN PEMERIKSAAN KESIHATAN
HEALTH EXAMINATION REPORT**

Lekatkan
gambar
berukuran
pasport disini /
Photo

Pelajar hendaklah mengisi borang ini dan menyerahkannya kepada Pegawai Perubatan ketika membuat pemeriksaan kesihatan di **HOSPITAL/KLINIK**. Pelajar adalah bertanggungjawab untuk memberi keterangan yang betul dalam laporan ini. Sila isi maklumat anda dengan menggunakan **HURUF BESAR**.

SEKSYEN 1: MAKLUMAT DIRI PEMOHON (untuk diisi oleh pemohon)

SECTION 1: APPLICANT'S PERSONAL INFORMATION (to be completed by candidate)

BAHAGIAN A: SILA ISI MENGGUNAKAN HURUF BESAR

PART A: PLEASE FILL IN USING CAPITAL LETTERS

TAHUN AKADEMIK
ACADEMIC YEAR

SEMESTER
SEMESTER

KOD KURSUS
COURSE CODE

KEMASUKAN
INTAKE

NO. MATRIK / MATRIC NO.

FAKULTI / FACULTY

NAMA PENUH / FULL NAME

KAD PENGENALAN/PASPORT
IDENTIFICATION CARD NO./PASSPORT NO.

NO. TELEFON
CONTACT NO.

KEWARGANEGARAAN / NATIONALITY

TARIKH LAHIR / DATE OF BIRTH

UMUR / AGE

JANTINA / GENDER

Lelaki / Male

Perempuan / Female

STATUS PERKAHWINAN
MARITAL STATUS

Bujang / Single

Berkahwin / Married

NAMA IBU/BAPA/PENJAGA / NAME OF GUARDIAN

ALAMAT IBU/BAPA/PENJAGA / ADDRESS OF GUARDIAN

NO. TELEFON IBU/BAPA/PENJAGA
GUARDIAN CONTACT NO.

HUBUNGAN / RELATIONSHIP

NO. IC: _____

NAMA: _____

BAHAGIAN B: SILA TANDAKAN (✓) DALAM KOTAK YANG BERKENAAN
PART B: PLEASE TICK (✓) IN THE RELEVANT BOX

Pengisytiharan tahap kesihatan diri sendiri dan keluarga. Sila maklumkan dengan jelas jika anda atau ahli keluarga (ibu, bapa dan adik beradik) menghadapi penyakit-penyakit seperti berikut.

Declaration of personal and family health levels. Please inform clearly if you or your family members (mother, father and siblings) suffer from any of the following diseases.

| MASALAH PERUBATAN MEDICAL PROBLEMS | | SENDIRI OWN SELF | | KELUARGA / FAMILY | | Jika "Ya", sila nyatakan penyakit dan rawatan yang diterima <i>If "Yes", please specify the disease and treatment received</i> |
|---------------------------------------|--|---------------------|-------------|----------------------|-------------|---|
| | | YA YES | TIDAK NO | YA YES | TIDAK NO | |
| 1. | Kecacatan kekal atau penyakit diwarisi / <i>Congenital or inherited disorder</i> | | | | | |
| 2. | Alahan / <i>Allergy</i> | | | | | |
| 3. | Penyakit Mental / <i>Mental illness</i> | | | | | |
| 4. | Sawan, angin ahmar, penyakit saraf lain / <i>Fits, stroke or other neurological disease</i> | | | | | |
| 5. | Kencing manis / <i>Diabetes mellitus</i> | | | | | |
| 6. | Darah tinggi / <i>Hypertension</i> | | | | | |
| 7. | Penyakit jantung atau kardiovaskular / <i>Heart or cardiovascular disease</i> | | | | | |
| 8. | Lelah / <i>Asthma</i> | | | | | |
| 9. | Penyakit tiroid / <i>Thyroid disease</i> | | | | | |
| 10. | Penyakit buah pinggang / <i>Kidney disease</i> | | | | | |
| 11. | Kanser / <i>Cancer</i> | | | | | |
| 12. | Batuk kering / <i>Tuberculosis</i> | | | | | |
| 13. | Ketagihan dadah / <i>Drug addiction</i> | | | | | |
| 14. | AIDS / HIV | | | | | |
| 15. | Sejarah pembedahan / <i>History of surgery</i> | | | | | |
| 16. | Hepatitis B/C | | | | | |
| 17. | Merokok / <i>Smoking</i> | | | | | |
| 18. | Kecacatan anggota atau pancaindera / <i>Deformity of limbs or sensory organ</i> | | | | | |
| 19. | Penyakit lain / <i>Other illness</i> | | | | | |

Rekod perubatan semasa (jangkamas panjang) / *Current medication (long term)*

1. _____

3. _____

2. _____

4. _____

NO. IC: _____

NAMA: _____

BAHAGIAN C: SEJARAH IMUNISASI
PART C: HISTORY OF IMMUNIZATION

Sekiranya perlu, pelajar adalah dinasihatkan untuk mendapatkan pelalian yang berkaitan dengan nasihat daripada pegawai perubatan.

Students are advised to consult a medical officer if vaccination is required.

| SEJARAH IMUNISASI (Jika berkenaan) <i>IMMUNIZATION HISTORY (If applicable)</i> | TARIKH IMMUNISASI <i>DATE of IMMUNIZATION</i> | | | | |
|--|---|--|--|--|--|
| 1. BCG | | | | | |
| 2. Hepatitis B | | | | | |
| 3. Rubella | | | | | |
| 4. Yellow Fever | | | | | |
| 5. Meningococcal | | | | | |
| 6. Typhoid | | | | | |
| 7. Influenza | | | | | |
| 8. Vaksin Covid : (Pfizer/CanSino/AstraZeneca/CoronaVac/ Johnson & Johnson/Moderna/Sinopharm BBIBP/Lain-lain) | | | | | |
| 9. Lain-lain / Others | | | | | |

Saya dengan ini mengesahkan bahawa maklumat di atas adalah benar. Saya sedia maklum bahawa permohonan saya akan ditolak sekiranya maklumat yang diberikan adalah tidak benar. Saya dengan ini memberi keizinan agar laporan pemeriksaan kesihatan ini diserahkan kepada pihak universiti.

I hereby confirm that the above information is true. I understand that my application will be rejected if the information provided is incorrect. I hereby give permission for this health examination report to be submitted to the university.

Tarikh : _____
Date

Tandatangan pemohon : _____
Signature of the applicant

NO. IC: _____

NAMA: _____

SEKSYEN 2: PEMERIKSAAN FIZIKAL (diisi oleh pegawai perubatan)
SECTION 2: PHYSICAL EXAMINATION (to be completed by medical officer)

1. BASIC MEASUREMENT

HEIGHT: _____ m

BLOOD PRESURE: _____ mmHG

WEIGHT: _____ kg

PULSE RATE: _____ / min

BMI: _____ kg/m²

VISION TEST: Unaided (R) _____ (L) _____

COLOUR VISION TEST:

Aided (R) _____ (L) _____

NORMAL / ABNORMAL

2. GENERAL EXAMINATION

| ITEM | YES | NO | COMMENT |
|--------------|-----|----|---------|
| DEFORMITIES | | | |
| PALLOR | | | |
| CYANOSIS | | | |
| JAUNDICE | | | |
| OEDEMA | | | |
| SKIN DISEASE | | | |

3. SYSTEMIC EXAMINATION

| ITEM | YES | NO | COMMENT |
|-----------------------------|-----|----|---------|
| EYES (including fundoscopy) | | | |
| EARS | | | |
| NOSE | | | |
| ORAL CAVITY / THROAT | | | |
| NECK | | | |
| HEART | | | |
| LUNGS | | | |
| ABDOMEN / HERNIA ORIFICES | | | |
| NERVOUS SYSTEM | | | |
| MENTAL CONDITION | | | |
| MUSCULOSKELETAL SYSTEM | | | |

NO. IC: _____

NAMA: _____

SEKSYEN 3: INVESTIGATION (diisi oleh pegawai perubatan)
SECTION 3: INVESTIGATION (to be completed by medical officer)

| URINE TEST | | |
|------------|------------|--------|
| ITEM | DATE TAKEN | RESULT |
| ALBUMIN | | |
| SUGAR | | |

OTHER RELEVANT INVESTIGATION (IF APPLICABLE):

Urine for drugs, blood test and chest X-rays is **NOT MANDATORY**. However, if indicated or subjected to candidates' medical history, candidates are advised to undergo the tests.

| URINE FOR DRUGS | | |
|--------------------------------|------------|--------|
| ITEM | DATE TAKEN | RESULT |
| MORPHINE | | |
| CANNABIS | | |
| AMPHETAMINES TYPE STIMULANT | | |

| BLOOD TEST | | |
|-----------------------|------------|--------|
| ITEM | DATE TAKEN | RESULT |
| HEPATITIS Bs ANTIGEN | | |
| HEPATITIS Bs ANTIBODY | | |
| HEPATITIS C | | |
| VDRL / TPHA | | |
| HIV | | |
| MALARIAL PARASITE | | |
| RUBELLA SEROLOGY | | |

| CHEST X-RAY INFORMATION | |
|-------------------------|--|
| CHEST X-RAY NO. | |
| DATE TAKEN | |
| PLACE TAKEN | |
| REPORT | |

NO. IC: _____

NAMA: _____

SEKSYEN 4: PENGESAHAN PEGAWAI PERUBATAN
SECTION 4: CERTIFICATION by the EXAMINING MEDICAL OFFICER

Saya dengan ini memperakui telah memeriksa _____
I hereby certify that I have examined

dengan no. MYKAD/no. Passport _____ pada tarikh _____
with MYKAD no./Passport no. on this date

dan mendapati beliau
and found him/her

nama di atas dalam keadaan sihat
the above name is in good health

nama di atas mempunyai _____
the above name has

nama di sedang menjalani rawatan _____
the above name is undergoing treatment

Tarikh:
Date

Tandatangan Pegawai :
Kesihatan/Pemeriksa
*Signature of Medical/Examiner
Officer*

Nama Pegawai :
Officer name

Cop Pengesahan Pegawai :
Officer's stamp

REMARK'S BY CENTRE:

