



MEDICAL CHECK UP FORM (LOCAL STUDENT)
(Kindly submit this form to University Health Centre)

PROGRAMME

--

PROGRAMME CODE

MATRIX NO

--	--	--

--	--	--	--	--	--	--	--

**MEDICAL CHECK-UP FOR ENROLLMENT IN A STUDY PROGRAMME AT UNIVERSITI
TUN HUSSEIN ONN MALAYSIA**

- i. You must answer **ALL QUESTIONS** in **SECTION I** before submitting this form to the doctor who is examining you.
- ii. If any of the information you entered is found to be false or if you refuse to provide the required information; **the University has the right to withdraw the offer made to you for enrolment into a study programme here.**
- iii. For **SECTION II**, you are required to undergo a health examination at the University Health Centre, UTHM, within six (6) months after the completion of the Orientation Week Programme. Failure to do so may affect your academic matters.
- iv. Any payment charged for these examinations and test shall not be borne by the University
- v. The validity of this medical examination report and chest x-ray is within six (6) months after being signed by Medical Officer.

SECTION I : PERSONAL DETAILS
(to be completed by the student)

Name	
Identity Card No	
Gender	
Name of Father / Mother / Guardian	
Permanent Address	
Telephone No	
Race	
Religion	
Marital Status	
E-mail Address	

SECTION II: HEALTH DECLARATION
(please indicate (/) where applicable.)

A. SCREENING FOR CHRONIC DISEASES

Have you ever been diagnosed with or received treatment for any of the following diseases :

No.	DISEASES	YES	NO	IF YES, PLEASE COMMENT
1.	Asthma			
2.	Tuberculosis (TB)			
3.	Heart Disease			
4.	Hypertension			
5.	Diabetes Mellitus			
6.	Chronic Kidney Disease			
7.	Fitting / Seizure (Epilepsy)			
8.	Psychiatric Illness			
9.	Physical Disability / Person with Disability (if yes, please provide supporting document)			
10.	Malignancy / Cancer			
11.	Chronic Skin Condition			
12.	Drug Allergy			
13.	Smoking / Vaping			
14.	Other Chronic Illness			

B. SCREENING FOR TUBERCULOSIS (TB)

Have you experienced any of the following symptoms within the past one month?

No.	SYMPTOMS	YES	NO
1.	Prolonged Cough		
2.	Night Sweating		
3.	Loss of Appetite		
4.	Loss of Weight		
5.	Coughing with Blood		
6.	Close Contact to Person Infected with Tuberculosis		

C. SCREENING FOR SEXUALLY TRANSMITTED DISEASES

This section should be filled out in the presence of the examining Medical Officer. All information provided will be treated as confidential.

No.	STATEMENT	YES	NO
1.	Have you ever been treated or currently on treatment for any of the following symptoms : foul smelling discharge from genital / wound or ulcer over genital area / painful voiding or micturation?		
2.	Have you ever had sexual intercourse?		
3.	In the past 12 months, have you had a new sexual partner or multiple sexual partners?		
4.	Have you ever been diagnosed with a sexually transmitted disease (STD), including HIV, syphilis, gonorrhoea, or chlamydia?		
5.	Do you consider yourself or your partner to be at risk of HIV or other sexually transmitted infections?		

D. DECLARATION

I hereby certify that all information provided above is complete, accurate, and truthful.

Tarikh :

Tandatangan :

SECTION III : MEDICAL EXAMINATION REPORT
(to be completed by Medical Officer)

Height :	Weight:	BMI:	Dental Examination : HEALTHY / UNHEALTHY			
BLOOD PRESSURE :		PULSE :	Ear Examination: NORMAL/ABNORMAL			
Vision Acquity	Right Eye		Left Eye		Colour Vision Screening (using Ishihara Chart)	
	With Glasses		With Glasses		Normal	
	Without Glasses		Without Glasses		Abnormal	
Respiratory System :						
Cardiovascular System:						
Abdomen :						
Nervous & Musculoskeletal System :						
*Chest x-ray (if necessary only) :						
*Urine Examination (kindly attach the medical report) :						
1. FEME :						
2. Drugs (if necessary only) :						
- Morphine						
- Cannabis						
- Amphetamine						
- Methamphetamin						

Comments regarding further treatment (if any, kindly attach the medical report):

.....

.....

.....

.....

I have examined Mr / Mrs / Miss

I certify that the above-named person is in a **HEALTHY / UNHEALTHY*** condition and is **FIT / UNFIT*** to participate in the academic programme at Universiti Tun Hussein Onn Malaysia (subject to the remarks noted in the section above).
**cross out as appropriate*

Date :

Signature :

Name :

Designation :
 (Official Stamp)