



MEDICAL EXAMINATION FORM

(Please submit this completed form at the University Health Centre counter for review on the day of registration)

PROGRAMME

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PROGRAMME CODE

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MATRICULATION NO.

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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 may choose to be seen by any government or private doctor who is able to perform all the required examinations and test.
- 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 : (To be completed by the student)

- 1. Name of Student (IN CAPITAL LETTERS) :
- 2. Name of Father / Mother / Guardian (IN CAPITAL LETTERS) :
- 3. Permanent Address :
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.....
- 4. Telephone No. : 5. Identity Card No. :
- 6. Race : 7. Marital Status :
- 8. Age : years 9. Religious :
- 10. Do you have any of following illnesses? * Please circle the chosen answer.

Asthma	* Yes / No	Tuberculosis	* Yes / No	Mental Illness	* Yes / No
Epilepsy	* Yes / No	Heart Disease	* Yes / No	Physical Disability	* Yes / No
Others					
History of operations					

- 11. Do any of your family members or relative have Tuberculosis, Epilepsy or Mental Illness?
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I hereby declare that the statement given above are complete and true.

Date :

Signature :

SECTION II : (To be completed by the examining doctor)

Height :	Weight :	General conditions :			
Blood pressure :			Pulse :		
Vision Test	Right Eye		Left Eye		Colour Vision <i>(Please use Ishihara Chart)</i>
	With glasses		With glasses		Normal
	Without glasses		Without glasses		Abnormal
Respiratory System Examination					
Cardiovascular System Examination					
Abdominal Examination					
Nervous & Musculoskeletal System Examination					
Chest X-Ray <i>(if necessary)</i> :					
Urine Tests <i>(Please attach medical report)</i> ;					
1. FEME :					
2. Urine Drugs <i>(if necessary)</i> :					
- Morphine					
- Cannabinoids					
- Amphetamines					
- Methamphetamine					

Comment on further treatment :

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I have examined Mr/ Mrs/ Miss

I find he/ she is **ELIGIBLE/ NOT ELIGIBLE** to be located at Universiti Tun Hussein Onn Malaysia.

Date :

Signature :

Name :

Designation :

Name of Hospital/ Clinic :

(Official Stamp)



CONSENT FOR ANAESTHESIA AND SURGERY

(For candidates below 21 years of age)

(Please submit this completed form at the University Health Centre counter for review on the day of registration)

Medical Officer,
Universiti Tun Hussein Onn Malaysia.

I,
Identity Card No./ MyKad No./ Passport No. : the father/ mother/ guardian of
(name of student), hereby authorise you to sign the consent on my behalf in your
view, he/ she requires anaesthesia/ surgery urgently.

Yours sincerely,

.....
(Signature of father/ mother/ guardian)

Date :

Name of father/ mother/ guardian :

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Address :

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Telephone No. :