

To : Medical Officer of KPJ Hospital

Dear Sir/Madam,

**MEDICAL SCREENING FOR NEW STUDENT KPJ INTERNATIONAL COLLEGE**

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The above matter is referred.

Please be informed that we are sending one (1) candidate to your hospital in order for her / him to complete the process of the medical screening into programme offered at KPJ Healthcare University College.

As you aware, all prospective KPJ University College students for new intake are required to undergo the prescribed medical screening at KPJ Hospital only. Please take note that the KPJ Division meeting held on 25<sup>th</sup> June 2008 has agreed that the medical screening fee for prospective KPJ Healthcare University College students be standardized at **RM 99.00 only**.

All additional expenses for medical screening are to be BORNE by the candidate. The medical screening requisition will be based on the KPJ University College medical screening form.

Your assistance to ensure the above process runs smoothly is very much appreciated.

Thank you.

*Yours Faithfully,*

**KPJ HEALTHCARE UNIVERSITY COLLEGE**



**PROF. DATO' DR. LOKMAN SAIM**  
**Vice Chancellor**



8	Tyroid Diseases ( <i>Penyakit Tiroid</i> )			
9	<i>Systemic Lupus Erythematosus ( SLE )</i>			
10	Other diseases of Lungs ( <i>Lain-lain penyakit paru-paru</i> )			
11	Joint pains ( <i>Sengal –sengal sendi</i> )			
12	Swelling of legs ( <i>Bengkak Kaki</i> )			
13	Giddiness ( <i>Pening Kepala</i> )			
14	Swelling of scrotum ( <i>Burut</i> )			
15	Migraine ( <i>Migrain</i> )			
16	Hysteria ( <i>Histeria</i> )			
17	Allergic( <i>Alahan</i> )			
18	Heart ( <i>Jantung</i> )			
19	Kidney ( <i>Buah Pinggang</i> )			
20	<i>Gastric</i>			
21	<i>HIV /AIDS</i>			
22	<i>Cancer (Barah)</i>			
23	<i>Vebereal Diseases (Penyakit Kelamin)</i>			
24	<i>Leukemia</i>			
25	<i>Hepatitis</i>			

Any other diseases or serious personal injury  
 (*Penyakit –penyakit lain atau kecederaan diri yang mudarat*) : -----  
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Have you been referred to a specialist? Give details  
*Adakah anda pernah di rujuk kepada doktor pakar ? Berikan penjelasan :*

No/Tidak

Yes/Ya

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**DECLARATION BY CANDIDATE**  
**PENGAKUAN CALON**

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given. (*Saya mengesahkan bahawa maklumat yang diberikan di atas adalah benar. Saya faham bahawa pendaftara saya sebagai pelajar akan ditolak jika terdapat maklumat palsu yang diberikan*).



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Signature of candidate  
*Tandatangan calon*

Date :  
*Tarikh*

\*The final decision for the medical screening examination is solely depending on the College and the College reserves the right to revoke the offer of admission if not fully supported by doctor of KPJ Hospitals.

*(Keputusan muktamad pemeriksaan perubatan kesihatan ini tertakluk kepada perakuan pihak Kolej dan pihak Kolej berhak membatalkan tawaran kemasukan pelajar sekiranya laporan kesihatan tidak disokong oleh doktor panel daripada hospital KPJ.)*

**SECTION 3 – PHYSICAL EXAMINATION : TO BE COMPLETED BY THE DOCTOR**

1. BASIC MEASUREMENT		COMMENT
1.1	HEIGHT (M)	
1.2	WEIGHT (KG)	
2. EXAMINATION OF TEETH		
3. EXAMINATION OF THROAT		
4. BLOOD PRESSURE		
5. EXAMINATION OF EYES		
5.1	Vision Uncorrected	
5.2	Vision corrected with glasses / contact lenses	
5.3	Fundus examination	

<b>6. EXAMINATION OF EAR</b>		
6.1	Any discharge present	
6.2	Condition of drum	
6.3	Acuity of hearing	

<b>7. EXAMINATION OF CHEST ANY ABNORMALITY OF FORM</b>		
7.1	Expansion normal	
7.2	Equal on both sides	
7.3	Percussion	
7.4	Auscultation	
7.5	X-ray examination report (Please request for chest X-Ray only when required)	

<b>8. EXAMINATION OF BREAST</b>		
1.1	Any lumps detected	

<b>9. CONDITION OF HEART</b>		
9.1	Phythm	
9.2	Character of impulse at apex	
9.3	Position of apex beat	
9.4	Any change in size	
9.5	Any murmurs present	
9.6	Exercise tolerance rest	

<b>10. PULSE</b>		
10.1	Rate	
10.2	Character	
10.3	Any evidence of arterial changes	

<b>11. ABNORMALITIES OTHER ORGANS</b>		
11.1	Liver	
11.2	Spleen	
11.3	Abdomen	

<b>12. EXAMINATION OF URINE</b>		
12.1	Specific gravity	
12.2	Albumin	
12.3	Sugar	
12.4	Pregnancy test	
12.5	Microscopic examination of deposit	
12.6	Morphine	
<b>13. BLOOD EXAMINATION</b>		
13.1	H.I.V Screening	
13.2	Hepatitis B Screening	
13.3	Hepatitis C Screening	

<b>14. EXAMINATION OF REFLEXES</b>		
14.1	Condition of patellar reflexes	
14.2	Condition of ankle reflexes	
14.3	Condition of plantar reflexes	
14.5	Are pupils equal	
14.6	Do the pupils react to light	
14.7	Do the pupils react to accommodation	
14.8	Any sensory loss	

**SECTION 4 : ENDORSEMENT BY THE MEDICAL OFFICER**

*(Please tick ( ✓ ) in the appropriate box*

I hereby certify that I have examined the person and I found that he / she (please select) is;

in good health;

having the following medical complication(s) / undergoing treatment for (please state)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**and (please select);**



**FIT**

**NOT FIT**

to undergo training as a student at KPJ International College of Nursing & Health Sciences.

Signature of Doctor : -----

Name of Doctor : -----

Qualification : -----

Official Stamp : -----

Date : -----