



# MEDICAL EXAMINATION REPORT

"By signing/ filling this application form, you agree that KPJ International College Penang & KPJ Healthcare University College may collect, use and disclose your personal data, as provided in this application form, or obtained by our organisation as a result of your application, for the following purposes in accordance with the Personal Data Protection Act 2010 and our data protection Policy (available at our website <http://www.kpiuc.edu.my>)"

Affix  
Passport Size Photo  
here  
*Lekatkan gambar  
berukuran  
passport di sini*

## SECTION 1 ( TO BE COMPLETED BY STUDENT : Untuk diisi oleh calon)

Full Name (As in your IC / Passport - Nama penuh seperti dalam no kad pengenalan / passport)																			
Programme/ Program :																			
I/C Number (No Kad pengenalan) / Passport No	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>									-			-						
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Date of Birth/ Tarikh Lahir	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									d	d	m	m	y	y	y	y	Age/ Umur	..... Years Tahun
d	d	m	m	y	y	y	y												
Contact No/ No Telefon		Marital Status Status Perkahwinan	<input type="checkbox"/> Single <input type="checkbox"/> Married																

## SECTION 2

Please tick ( ✓ ) in the relevant box. Explain in full if you have any of the following illness.  
Sila tandakan ( ✓ ) dalam petak yang berkenaan. Perincikan.

S/N	MEDICAL PROBLEM (Masalah kesihatan)	YES	NO	If 'YES' please state Sekiranya 'YA' sila jelaskan
1	Blood stained Sputum (Kahak berdarah)			
2	Asthma (Lelah)			
3	Tuberculosis (Batuk kering / Tibi)			
4	Psychiatric problem / history (Sakit Jiwa)			
5	Epilepsy (Sawan)			
6	High Blood (Darah Tinggi)			
7	Diabetes (Kencing Manis)			
8	Tyroid Diseases (Penyakit Tiroid)			
9	Systemic Lupus Erythematosus (SLE)			
10	Other diseases of Lungs (Lain-lain penyakit paru-paru)			
11	Joint pains (Sengal –sengal sendi)			
12	Swelling of legs (Bengkak Kaki)			
13	Giddiness (Pening Kepala)			
14	Swelling of scrotum (Burut)			
15	Migraine (Migrain)			
16	Hysteria (Histeria)			

S/N	MEDICAL PROBLEM (Masalah kesihatan)	YES	NO	If 'YES' please state Sekiranya 'YA' sila jelaskan
17	Allergic (Alahan)			
18	Heart ( Jantung)			
19	Kidney (Buah Pinggang)			
20	Gastric			
21	HIV /AIDS			
22	Cancer (Barah)			
23	Vebereal Diseases (Penyakit Kelamin)			
24	Leukemia			
25	Hepatitis			

Any other diseases or serious personal injury  
(Penyakit –penyakit lain atau kecederaan diri yang mudarat) : -----

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

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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**

<b>1. BASIC MEASUREMENT</b>		<b>COMMENT</b>
1.1	HEIGHT (M)	
1.2	WEIGHT (KG)	
	Body Mass Index (BMI) <ul style="list-style-type: none"> <li>• Less than 16.0 - Severely Underweight</li> <li>• From 16.0 to 18.5 - Underweight</li> <li>• From 18.6 to 25.0 - Normal Weight</li> <li>• From 25.1 to 30.0 - Overweight</li> <li>• From 30.1 to 35.0 - Moderately Obese</li> <li>• More than 35.0 - Severely Obese</li> </ul>	
<b>2. EXAMINATION OF TEETH</b>		
<b>3. EXAMINATION OF THROAT</b>		
<b>4. BLOOD PRESSURE</b>		
<b>5. EXAMINATION OF EYES</b>		
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	Rhythm	
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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(and please select);**

**NOT FIT**

**FIT**

to undergo training as a student at KPJ College.

Signature of Doctor : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Qualification : \_\_\_\_\_

Official Stamp : \_\_\_\_\_

Date : \_\_\_\_\_

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Remarks by the officers :