

STUDENT MEDICAL HEALTH REPORT

NAME : _____
MATRIC NUMBER : _____
UNIV/POLY/COLLEGE : _____

MEDICAL SELF-DECLARATION (Tick [/] At The Appropriate Box)

1. HAVE YOU SUSTAINED ANY INJURY? YES/NO

TYPE OF INJURY: _____

2. ARE YOU ON ANY MEDICATION/SUPPLEMENT: YES/NO

3. DO YOU HAVE ANY OF THE ILLNESSES LISTED BELOW OR RECEIVING TREATMENT FOR IT:

	YES	NO
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
3. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
6. Disfigurement	<input type="checkbox"/>	<input type="checkbox"/>

3. NAME OF MEDICATION/SUPPLEMENT:

STUDENT DECLARATION

I _____ MYKAD/Passport Number : _____

hereby declare that all information declared are truthful.

Date

Student's Signature In The Presence of Doctor

** Doctor's Medical Report **MUST BE** Submit During Collection of Accreditation Card **

DOCTOR'S MEDICAL REPORT

1. Brain Alertness	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
2. Heart Rate	<input type="text"/>		3. Blood Pressure	<input type="text"/>
4. Heart Sound	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
5. Lung	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
6. Abdomen	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
7. Musculoskeletal	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>

Comment : _____

I declare the student:

Healthy, No illness
 With illness

I hereby **ALLOW / DO NOT ALLOW** the student to take part in SUKIPT 2018.

Date

Doctor's Signature & Official Stamp

**** Doctor's Medical Report MUST BE Submit During Collection of Accreditation Card And Attach Together With Student Medical Health Report ****