**BORANG C : LAPORAN PEMERIKSAAN KESIHATAN**

Untuk disikan oleh pemohon dan diserahkan pada hari pendaftaran.

**BAHAGIAN 1 - Maklumat Diri ( seperti dalam surat tawaran )**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sesi kemasukan / Intake**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | **/** |  |  |  |  | | |
| **Nama Penuh / Full name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **No. Kad Pengenalan / Identity Card :**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | **-** |  |  | **-** |  |  |  |  | | |
| **Kewarganegaraan / Nationality**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | **Tarikh Lahir / Birthdate**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  |  |  | |
| **Jantina / Sex**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | **Agama / Religion**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |
| **Nama Ibu / Bapa / Penjaga / Name of Guardian**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Alamat Ibu / Bapa / Penjaga / Postal Adress**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **No. Tel Rumah / Bimbit / Pejabat / House Phone / Handphone / Office No.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | **/** |  |  |  |  |  |  |  |  |  | | |

**BAHAGIAN 2 - Sila tandakan (/) dalam kotak berkenaan PART 2- Please tick (/) the relevant box**

|  |  |  |
| --- | --- | --- |
| **Penyakit (Illness)** | **Sendiri (Self)** | **Kalau ‘ada’ terangkan dibawah**  **If ‘yes’ please state disease & treatment received** |
| Pernah menjalani sebarang pembedahan |  |  |
| Batuk kering (Tuberculosis) |  |  |
| Kencing manis (Diabetes) |  |  |
| Penyakit mental (Mental illness) |  |  |
| Lemah jantung, Penyakit saluran darah, Darah tinggi (Heart/ Arterial Disease/High Blood Pressure) |  |  |
| Lelah atau alahan (Asthma or Allergy) |  |  |
| Penagihan dadah (Drug addiction) |  |  |
| Buah pinggang (Kidney disease) |  |  |
| Kecacatan anggota |  |  |
| Lain –lain penyakit (Other illness) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Saya dengan ini mengaku segala maklumat kesihatan yang diberi di atas adalah benar

(I hereby certify that the information given is correct)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tandatangan (Signature of candidates)

**BAHAGIAN 3 / PART 3**

**UNTUK DIISI OLEH DOKTOR YANG MEMERIKSA (tandakan yang berkaitan)**

**TO BE FILLED BY EXAMINING DOCTOR (tick as relevant)**

1. Pemeriksaan air kencing/ Examination of urine

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gula/ Sugar |  | Albumin |  | Microscopy |  |  |

**BAHAGIAN 4/ PART 4 UNTUK DIISI OLEH DOKTOR YANG MEMERIKSA (tandakan yang berkaitan) TO BE FILLED BY EXAMINING DOCTOR (tick as relevant)**

1. Pemeriksaan umum / General examinations

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tinggi/ Height |  | |  | |  | | cm |  | Berat/ Weight |  |  |  | kg |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |
| Nadi/ Pulse |  |  | |  | |  | |  | BP |  |  |  |  |  |  | mmHg |
|  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Pemeriksaan Mata  Examination of eye | | Kanan | | |  | | Kiri | | |  | Catatan Doktor |
|  | | |  |  | |  | |  | | |  |
|  | | |  |  | |  | |  | | |  |
| a) Penglihatan tanpa kacamata | | |  |  | |  | |  | | |  |
| (Unaided vision) | | |  |  | |  | |  | | |  |
|  | | |  |  | |  | |  | | |  |
| b) Penglibatan dengan kacamata | | |  |  | |  | |  | | |  |
| (Aided vision) | | |  |  | |  | |  | | |  |
|  | | |  |  | |  | |  | | |  |
| c) Fundoscopy | | |  |  | |  | |  | | |  |
|  | | |  |  | |  | |  | | |  |
| d) Penglihatan warna | | |  |  | |  | |  | | |  |
| (Colour vision) | | |  |  | |  | |  | | |  |
|  | | |  |  | |  | |  | | |  |
|  |  | | | | | |  | |  | |  |
| 3. a. Sistem Respiratori | NORMAL | | | | | |  | |  | |  |
| Respiratory system | ABNORMAL | | | | | |  | |  | |  |
|  |  | | | | | |  | |  | |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Lain-lain/ Others | NORMAL |  |  |  |
|  | ABNORMAL |  |  |  |

**BAHAGIAN 5/ PART 5 PENGESAHAN DOKTOR/ CERTIFICATION BY DOCTOR**

**Sila tandakan di dalam** **kotak berkenaan/ Please tick in the appropriate box**

Saya mengesahkan bahawa pada hari ini saya telah memeriksa/ I certify that on this day I have examine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. KP/ IC no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dan mendapati bahawa/ and found that

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Beliau tidak mengidap apa-apa penyakit dan disahkan sihat |  |
|  |  | The above name is in good health |  |
|  |  |  |  |
|  |  | Beliau menghidap |  |
|  |  | The above name has \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |
|  |  | Beliau sedang mendapat rawatan |  |
|  |  | The above name is undergoing treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Tarikh/ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_ Tandatangan Doktor :

Signature of Doctor

Nama Doktor :

Name of Doctor

Kelulusan & Cop Rasmi :

Qualification & official stamp