



## **MEDICAL CERTIFICATION FORM**

### **HEALTH EXAMINATION GUIDELINES**

1. UNIVERSITI COLLEGE OF YAYASAN PAHANG RESERVES THE RIGHT TO **REJECT** ANY APPLICATION:
  - a) BASED ON THE RESULTS OF THE HEALTH EXAMINATION ; AND/OR
  - b) SHOULD THERE BE ANY EVIDENCE THAT APPLICANT HAS GIVEN **FALSE INFORMATION** PERTAINING TO THE RESULTS OF THE HEALTH EXAMINATION.
2. PLEASE FILL IN THE FORM IN **ENGLISH**
3. PLEASE WRITE IN **CAPITAL LETTERS**
4. THIS FORM HAS **2 SECTIONS**
  - ✓ SECTION 1 -TO BE FILLED BY THE CANDIDATES
  - ✓ SECTION 2 TO BE FILLED BY THE EXAMINING DOCTOR
5. PLEASE COMPLETE ALL THE TESTS REQUIRED IN THIS FORM
6. PROSPECTIVE CANDIDATES ARE **STRONGLY ADVISED** TO UNDERGO VACCINATION FOR **HEPATITIS B** BEFORE JOINING UNIVERSITI COLLEGE OF YAYASAN PAHANG
7. **PLEASE ATTACH ALL THE ORIGINAL LABORATORY RESULTS AND THE RESULT MUST BE REPORTED IN ENGLISH**
8. THE UNIVERSITY RESERVES THE RIGHT TO **REPEAT** FULL MEDICAL CHECK – UP OR ANY SPECIFIC LABORATORY TESTS SHOULD THERE BE **ANY DOUBT** IN THE MEDICAL REPORT SUBMITTED. **ALL COSTS INVOLVED SHALL BE BORNE BY THE CANDIDATES**

**MEDICAL CERTIFICATION FORM**

The student must complete this form and hand it to the Medical Officer at the time of examination.

**NAME OF STUDENT :** .....  
(IN CAPITAL LETTERS)

**NAME OF PARENT/ GUARDIAN :** .....

**ADDRESS:** .....  
.....  
.....

**DATE OF BIRTH :** ..... **PLACE OF BIRTH :** .....

**NEW I.C. NO. :** ..... **PASSPORT NO. :** .....

**MARITAL STATUS :** .....

Have you ever suffered from :-

- a. Spitting of blood, asthma, pleurisy, or from any .....  
complaint of the lungs?
- b. Rheumatism, gout, fainting fits, or rupture?.....
- c. Nervous complaint, mental disorder or fits?.....
- d. Any other disease or from serious personal injury?.....
- e. Have you been hospitalized before? For what illness?.....
- f. Are you suffering from frequent headache?.....
- g. Are you allergic to any drug or food?.....  
If yes, please specify

Have any members of your family or immediate relatives .....  
been, or are now suffering from tuberculosis, insanity or fits?

I hereby declare that the information given is true and complete.

Date: ..... Signature:.....

Note: Please bring along your eye glasses for inspection by the medical officers  
(if applicable).

## SECTION II : (To be filled by the Medical Officer who examines the student)

Medical Officers are requested to make a thorough examination of the student and complete the report below.

- 
1.
    - a. Is the applicant known to you ?  
a).....
    - b. Have you attended to him/her before?  
b).....
    - c. Height  
c).....
    - d. Weight  
d).....
- 

## 2. EXAMINATION OF EYES :-

- |                                    |        |
|------------------------------------|--------|
| a. Vision (uncorrected)            | a..... |
| b. Vision (corrected with glasses) | b..... |
| c. Colour Blind                    | c..... |
- 

## 3. EXAMINATION OF EARS :-

- |                          |        |
|--------------------------|--------|
| a. Any discharge present | a..... |
| b. Condition of drum     | b..... |
| c. Acuity of hearing     | c..... |
- 

## 4. EXAMINATION OF TEETH

---

 5. EXAMINATION OF THROAT

## 6. EXAMINATION OF CHEST :-

- |    |                          |        |
|----|--------------------------|--------|
| a. | Any abnormality of form  | a..... |
| b. | Expansion normal?        | b..... |
| c. | Equal on both sides?     | c..... |
| d. | Percussion               | d..... |
| e. | Auscultation             | e..... |
| f. | X-ray examination report | f..... |
- 

## 7. CONDITIONS OF HEART :-

- |    |                                   |        |
|----|-----------------------------------|--------|
| a. | Rhythm                            | a..... |
| b. | Character of impulse at Apex beat | b..... |
| c. | Position of Apex beat             | c..... |
| d. | Any alteration of size            | d..... |
| e. | Any murmurs present               | e..... |
| f. | Exercise tolerance test           | f..... |
- 

## 8. PULSE :-

- |    |                                  |        |
|----|----------------------------------|--------|
| a. | Rate                             | a..... |
| b. | Character                        | b..... |
| c. | Any evidence of arterial changes | c..... |
- 

## 9. BLOOD PRESSURE

- |    |                                 |        |
|----|---------------------------------|--------|
| a. | Mercurial manometer preferred   | a..... |
| b. | Taking reading lying or sitting | b..... |
- 

## 10. IS THERE ANY ENLARGEMENT OF :-

- |    |                                       |        |
|----|---------------------------------------|--------|
| a. | The liver, or                         | a..... |
| b. | Spleen, or                            | b..... |
| c. | Any abnormal swelling in the abdomen? | c..... |

## 11. EXAMINATION OF URINE :-

- |    |                                      |        |
|----|--------------------------------------|--------|
| a. | S. Gravity                           | a..... |
| b. | Albumin                              | b..... |
| c. | Sugar                                | c..... |
| d. | Acetone                              | d..... |
| e. | Microscopical examination of deposit | e..... |
- 

## 12. EXAMINATION OF HERNICAL ORIFICERS

a.....

## 13. EXAMINATION OF NERVOUS SYSTEM :-

- |    |  |        |
|----|--|--------|
| a. | Condition of patellar reflexes?        | a..... |
| b. | Condition of ankle reflexes?           | b..... |
| c. | Condition of plantar reflexes?         | c..... |
| d. | Are the pupils equal ?                 | d..... |
| e. | Do the pupils react to light?          | e..... |
| f. | Do the pupils react to accommodations? | f..... |
| g. | Any sensors loss?                      | g..... |

Any further re-examination which the examining officer considers necessary as a result thereof .....

I hereby certify that I have examined..... and I find that he/she is free from organic disease and is fit for admission to University College of Yayasan Pahang.

Signature.....

Qualifications.....

Hospital/Clinic.....

.....

.....

Date .....