

**MAKLUMAT PENTING**

- Pemeriksaan Kesihatan adalah **WAJIB** bagi semua pelajar baharu.
- Pemeriksaan Kesihatan boleh dilakukan di mana-mana **Hospital/Klinik Kerajaan atau Hospital/Klinik Swasta**.
- Pelajar dikehendaki **mencetak dan melengkapkan borang** maklumat yang telah dimuat turun.
- Borang Pemeriksaan Kesihatan (Borang PD1) mempunyai empat (4) Seksyen.
  - (a) Seksyen 1 (Bahagian A dan B) – diisi oleh pelajar
  - (b) Seksyen 2, 3 dan 4 – diisi oleh Pegawai Perubatan
- Dokumen yang perlu dibawa pada hari penyerahan yang ditetapkan adalah:
  - (a) Borang Laporan Pemeriksaan Perubatan (FORM PD1)
  - (b) **laporan X-ray dada dan keputusan ujian urin (ASAL)**.
  - (c) **keputusan ujian darah** (bagi pelajar **FAKULTI PERUBATAN DAN PERGIGIAN** sahaja)
- Sebarang pertanyaan boleh hubungi talian : 03-79676445/6444

**IMPORTANT INFORMATION**

- The medical examination is **COMPULSORY** for all new students.
- The medical check-up can be done at **Government Hospital/Clinic or Private Hospital/Clinic**
- The student requires to **print** and **complete** the form.
- The medical examination form (PD1 Form) has 4 Sections :
  - (a) Section 1 (Part A and B) - to be completed by candidate
  - (b) Section 2, 3 and 4 – to be filled by Medical Officer
- As part of your enrollment to the University, all new students are required to submit important documents as below:
  - (a) Medical Examination Report (PD1 FORM)
  - (b) **Chest x –ray report** and **Laboratory report (original)**
  - (c) **blood test result** (for **MEDICAL AND DENTAL STUDENT** only)
- Any inquiries, kindly contact Tel : 03-79676445/6444



**BAHAGIAN B** - Sila tandakan (√) dalam kotak yang berkenaan  
**(PART B - Please tick (√) in the relevant box.)**

Pengisytiharan tahap kesihatan diri sendiri (*Declaration of self illness*).

1. Adakah anda mengidap sebarang penyakit?  
*Do you have any medical illness?*

Ya, nyatakan / *Yes, please state*                       Tidak / *No*

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2. Adakah anda mengambil sebarang ubat untuk penyakit yang dinyatakan di atas?  
*Are you currently taking any medication for the illness stated above?*

Ya, nyatakan / *Yes, please state*                       Tidak / *No*

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3. Adakah anda pernah menjalani sebarang pembedahan?  
*Have you had any surgery before?*

Ya, nyatakan / *Yes, please state*                       Tidak / *No*

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4. Adakah anda mempunyai sebarang kecacatan?  
*Do you have any disability?*

Ya, nyatakan / *Yes, please state*                       Tidak / *No*

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5. Adakah anda mempunyai masalah kesihatan mental?  
*Do you have any problem with mental illness?*

Ya, nyatakan / *Yes, please state*                       Tidak / *No*

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6. Maklumat tentang tabiat merokok.  
*Information regarding smoking habit.*

Perokok / Smoker

Tidak merokok / Non smoker

Bilangan rokok/hari / *Number of cigarette/day*

Telah berhenti merokok / *Ex-smoker*

Bila berhenti / *When do you quit?*  
\_\_\_\_\_ (Tahun / *Year*)

Saya dengan ini mengesahkan bahawa maklumat di atas adalah benar. Saya sedia maklum bahawa permohonan saya akan ditolak sekiranya maklumat yang diberikan adalah tidak benar. Saya dengan ini memberi keizinan agar laporan perubatan ini diserahkan kepada pihak universiti.

*(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. I hereby give my consent for this medical report to be submitted to the university.)*

.....  
Tarikh / *Date*

.....  
Tandatangan calon /  
*Signature of candidate*

Name: .....

IC No: .....

**SECTION 2 - PHYSICAL EXAMINATION**

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
BMI : _____ kg/m <sup>2</sup>	WAIST CIRCUMFERENCE : _____ cm
VISION TEST : Unaided : (R) _____ (L) _____	COLOUR VISION TEST :
Aided : (R) _____ (L) _____	NORMAL / ABNORMAL

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including fundus copy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

Name: .....
IC No: .....

**SECTION 3 - INVESTIGATIONS****Part 1A: (FOR ALL STUDENT)**

<b>URINE TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. ALBUMIN		
b. SUGAR		

**Part 1B: (FOR ALL STUDENT)**

<b>CHEST X-RAY INFORMATION</b>	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
REPORT*	

**\*SILA LAMPIRKAN LAPORAN ASAL KEPUTUSAN UJIAN.**

**\*PLEASE ATTACH ORIGINAL TEST RESULT.**

Name: .....

IC No: .....

**Part 2: (FOR INTERNATIONAL STUDENT ONLY)**

<b>URINE FOR DRUGS</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. MORPHINE		
b. CANNABIS		
c. AMPHETAMINES TYPE STIMULANT		
<b>BLOOD TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS Bs ANTIBODY		
c. HEPATITIS C		
d. VDRL / TPHA		
e. HIV		
f. MALARIAL PARASITE (BFMP)		

**SILA LAMPIRKAN LAPORAN ASAL KEPUTUSAN UJIAN.  
PLEASE ATTACH ORIGINAL TEST RESULT.**

**Part 3: (FOR MEDICAL/DENTAL STUDENT ONLY)**

<b>BLOOD TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS Bs ANTIBODY		
c. HIV		

**SILA LAMPIRKAN LAPORAN ASAL KEPUTUSAN UJIAN.  
PLEASE ATTACH ORIGINAL TEST RESULT.**

Name: .....
IC No: .....

**SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR**

I hereby certify that I have examined \_\_\_\_\_ with ID No. / Passport No. \_\_\_\_\_ on this date \_\_\_\_\_ and found him/her:

IN GOOD HEALTH

HAS MEDICAL PROBLEM (Please State)

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

IS UNDERGOING TREATMENT FOR: (Please State)

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

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

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

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

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

Official stamp of Clinic

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Remarks by University Official:
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