



CONFIDENTIAL/SULIT

**MEDICAL FITNESS FORM**  
**DEPARTMENT OF SCHOLARSHIP MANAGEMENT, MINISTRY OF EDUCATION**

**TO THE MEDICAL OFFICER**

The applicant has applied for the Government of His Majesty The Sultan Dan Yang Di-Pertuan Negara Brunei Darussalam Scholarship. Please complete the Medical Fitness Form on the students who will be applying for admission to a full-time course of further education abroad and return this form in a sealed envelope to the applicant, who will forward it, unopened to the Department of Scholarship Management, Ministry of Education. When you seal the envelope please sign across the seal.

**Please be informed that the applicant will have to go through the Scholarship Selection Process that encompasses Leadership Test and Intensive Fitness Assessment. During this test, applicant may be exposed to various weather conditions, including extreme heat, cold and rain. This medical fitness report is crucial to be ready before the Selection Process.**

**PERSONAL DETAILS:**

Name: _____	
IC No: _____	Date of Birth: _____
Age: _____ Year _____ Month	Sex: MALE / FEMALE

**MEDICAL HISTORY:**

1. Personal History – Particular enquiry should be made regarding any of the following:

- a. Have you suffered from or is suffering from the following?
- Tuberculosis Yes  No
  - Rheumatic fever Yes  No
  - Epilepsy Yes  No
  - Diabetes Yes  No
  - Hypertension Yes  No
  - STD in the past Yes  No
  - Psychiatric / Mental illness Yes  No

b. Please give details of any important illness, accident or surgery (if any):

---

---

---

c. Any learning disability? Yes  No

If your answer is YES to question c, please specify: \_\_\_\_\_

---

**PHYSICAL EXAMINATION & INVESTIGATIONS:**

1. <b>General appearance:</b> Height: _____ m      Weight: _____ kg      BMI: _____
2. <b>Cardiovascular system examination:</b> Pulse = _____      Blood Pressure = _____ Heart sounds = _____      ECG = _____
3. <b>Respiratory system examination :</b>
4. <b>Chest X-Ray Report:</b> Film No: _____      Date taken: _____ Health facilities: _____ Radiologist report:
5. <b>Gastrointestinal system:</b>
6. <b>Nervous System</b> Any limb deformity: Any muscle weakness: Reflexes:
7. <b>Visual acuity</b>

8. **Urinalysis:**

Albumin = \_\_\_\_\_ Sugar = \_\_\_\_\_ Blood = \_\_\_\_\_

9. **Laboratory tests:**

HB = \_\_\_\_\_ Serum creatinine = \_\_\_\_\_ Random blood sugar = \_\_\_\_\_

HBs Antigen (if positive, full Hepatitis B markers) = \_\_\_\_\_

HBs Antibody = \_\_\_\_\_ HCV Antibody = \_\_\_\_\_

10 ***Is the candidate at present:***

On any medications? (Please give details)

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

Receiving medical attention? (Please give details)

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

I certify that the above candidate is medically **FIT / UNFIT** to undergo the selection process and undertake a course overseas.

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

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

BMB Number: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

**Official stamp:**

\_\_\_\_\_

Note:

In completing this form, particular attention should be paid to:

- Chest X-ray to rule out tuberculosis or other chronic pulmonary disease
- There should be no evidence of severe renal diseases
- Any abnormalities should be investigated and managed accordingly