CONFIDENTIAL/SULIT

MEDICAL FITNESS FORM
JABATAN PENGURUSAN BIASISWA, KEMENTERIAN PENDIDIKAN

Personal Details:

Name:_____

IC No: _____Date of Birth: _____

Age: _____Year _____Month Sex: MALE / FEMALE*

MEDICAL HISTORY:

1. Personal History ***(To be completed by STUDENT):***

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 □
- Psychiatry/ mental illness Yes □ No □

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

_____

_____

_____

C. Do you suffer from any learning disability? Yes □ No □
If your answer is YES to question C, please specify:_____

I declare the above information is true.

Signature: _____ Date: _____

PHYSICAL EXAMINATION & INVESTIGATIONS:

1.	**General appearance:** Height:_____m Weight:_____ kg BMI:_____
2.	**Cardiovascular system examination:** Pulse =_____ Blood Pressure =_____ Heart sounds =_____
3.	**Respiratory system examination :**
4.	**Chest X-Ray Report:** Film No:_____ Date taken:_____ Health facilities:_____ Radiologist report:
5.	**Gastrointestinal system:**
6.	**Dental examination:**
7.	**Visual acuity**
8.	**Urinalysis:** Albumin =_____ Sugar = _____ Blood =_____
9.	**Laboratory tests:** Hb =_____ Serum creatinine =_____ Random blood sugar =_____
10.	**Only for medical/ dental/ health related courses:** HBs Antigen (if positive, full Hepatitis B markers) = HBs Antibody = HCV Antibody = Pregnancy test (Only valid at the date of the test) = _____
11.	**Drug screening** = _____

12. ***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 take a course overseas.

Signature of Doctor:_____ Qualifications:_____

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
- Eyesight- errors of refraction should be corrected
- There should be no evidence of severe renal diseases
- Any abnormalities should be investigated and managed accordingly