

**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, B dan C)– 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 dan keputusan saringan tuberculosis**  
(bagi pelajar **FAKULTI PERUBATAN, PERGIGIAN DAN FARMASI** 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, B and C) - 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 and tuberculosis screening result (for MEDICAL, DENTAL AND PHARMACY STUDENT only)**
- Any inquiries, kindly contact Tel : 03-79676445/6444

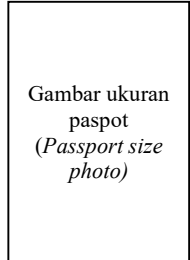


UNIVERSITI MALAYA

LAPORAN PEMERIKSAAN PERUBATAN
MEDICAL EXAMINATION REPORT

SILA ISI MENGGUNAKAN HURUF BESAR
(PLEASE USE CAPITAL LETTERS)

SEKSYEN 1 - Untuk Diisi Oleh Calon
(SECTION 1 (To Be Completed By Candidate))



BAHAGIAN A
(PART A)

NAMA PENUH / FULL NAME

Grid for full name entry

KEWARGANEGARAAN / NATIONALITY

Grid for nationality entry

NO. KAD PENGENALAN/NO. PASSPORT / IDENTITY CARD
NO. / PASSPORT NO.

Grid for ID/passport number entry

NO. TELEFON / CONTACT NO.

Grid for contact number entry

TARIKH LAHIR /
DATE OF BIRTH

Grid for date of birth entry

D D M M Y Y

UMUR /
AGE

Grid for age entry

JANTINA /
GENDER

L/ M
P/ F

Grid for gender entry

STATUS PERKAHWINAN /
MARITAL STATUS

BUJANG SINGLE
KAHWIN /MARRIED

Grid for marital status entry

FAKULTI / FACULTY

Grid for faculty entry

NO. MATRIK / MATRIC NO./

Grid for matric number entry

NAMA SAUDARA TERDEKAT / PENJAGA / NEXT OF KIN'S / GUARDIAN'S NAME

Grid for next of kin name entry

ALAMAT SAUDARA TERDEKAT / NEXT OF KIN'S ADDRESS

Grid for next of kin address entry

NO. TELEFON SAUDARA TERDEKAT / NEXT OF KIN'S CONTACT NUMBER (UNTUK
KECEMASAN/FOR EMERGENCY)

Grid for next of kin contact number entry

HUBUNGAN / RELATIONSHIP

Grid for relationship entry

**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)

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

SEJARAH IMUNISASI <i>IMMUNISATION HISTORY</i>	TARIKH VAKSINASI <i>DATE OF VACCINATION</i>					
BCG						
Pertussis						
Poliovirus						
Diphtheria						
Tetanus						
Mumps						
Rubella						
Measles						
Hepatitis B						
Varicella (Chicken Pox)						
Meningococcal ACWY						
COVID-19 Vaccine						

*\*any other vaccines will be added as determined by University Malaya from time to time*

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/PHARMACY 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		
<b>MANTOUX TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. MANTOUX TEST (TUBERCULOSIS SCREENING)		

**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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