



**SECTION 1**

**(PART B)** – Please tick ( ✓ ) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses. \*  
*Immediate family refers to father, mother, brothers / sisters*

.....MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If “Yes” please state.
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
4. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illnesses					

Current medication (Long term) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IMMUNIZATION HISTORY (where applicable)	DATE IMMUNIZED				
1. Yellow Fever					
2. BCG					
3. Meningitis (Quadrivalent)					
4. Hepatitis B					
5. Others:					

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.

.....  
 Date

Signature of  
 candidate

**SECTION 2 - PHYSICAL EXAMINATION**

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
VISION TEST : Unaided : (R) _____ (L) _____ Aided : (R) _____ (L) _____	COLOUR VISION TEST : 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 funduscopy)			
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			

**SECTION 3 - INVESTIGATIONS**

<b>URINE TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE		
e. CANNABIS		
f. AMPHETAMINES TYPE STIMULANT		

<b>BLOOD TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS C		
c. HIV		
d. VDRL / TPHA		
e. MALARIAL PARASITE		

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

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

Please tick (√) in the appropriate box

I certify that I have on this date \_\_\_\_\_ examined

Mr / Ms \_\_\_\_\_ Passport No. \_\_\_\_\_ and found him / her

:-

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION(S) (Please State)

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

UNDERGOING TREATMENT FOR: (Please State)

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

Date \_\_\_\_\_

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

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

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

Hospital / Clinic Registration : \_\_\_\_\_

Number \_\_\_\_\_

Official stamp : \_\_\_\_\_

Remarks By University/College Official :

**NAME OF PANEL CLINICS FOR UMT INTERNATIONAL STUDENTS**

<b>New Students</b>	<b>Current Students</b>
<p><b><u>Klinik Perubatan Chong</u></b>            37 Jalan Tok Lam            20100 K. Terengganu            Tel : 09-6235626</p>	<p><b><u>Klinik Perubatan Chong</u></b>            37 Jalan Tok Lam            20100 K. Terengganu            Tel : 09-6235626</p>
<p><b><u>Klinik Rahim Hamzah Halim &amp; Razali Sdn Bhd</u></b>            No 364, Jln Sultan Omar            20300 K. Terengganu            Tel : 09-6223621</p>	<p><b><u>Klinik Rahim Hamzah Halim &amp; Razali Sdn Bhd</u></b>            No 364, Jln Sultan Omar            20300 K. Terengganu            Tel : 09-6223621</p>
<p><b><u>Kuala Terengganu Specialist</u></b>            No. 443B Wisma TDM            Jln. Kamaruddin            20400 K. Terengganu            Tel : 09-6245353</p>	<p><b><u>Klinik Syed Salleh Dan Rakan-Rakan (Dr Azlina Bt Aziz)</u></b>            B 74 Kampung Pak Tuyu, Mengabang Telipot            21030 Kuala Terengganu            Tel : 09-6699599</p>
<p><b><u>Kuala Terengganu Specialist</u></b>            No. 443B Wisma TDM            Jln. Kamaruddin            20400 K. Terengganu            Tel : 09-6245353</p>	<p><b><u>Klinik Addeen</u></b>            16132 A, Jalan Tengku Ampuan Intan Zahar            Gong Badak, 21300 Kuala Terengganu            Tel : 09-6660544</p>
<p><b><u>Klinik Aishah</u></b>            61 A Jln Tok Lam            20100 K. Terengganu            Tel : 09-6234510</p>	