

STUDENT MEDICAL HEALTH REPORT

| | | | |
|---------------------|--|------------------|---------------|
| FULL NAME | | | |
| UNIV/ POLY/ COLLEGE | | | |
| NRIC / PASSPORT NO. | | STUDENT CARD NO. | |
| DATE OF BIRTH | | GENDER | MALE / FEMALE |

MEDICAL SELF-DECLARATION (Tick [/] at the appropriate Box)

1. HAVE YOU SUSTAINED ANY INJURY? : YES / NO

TYPE OF INJURY : _____

2. ARE YOU ON ANY MEDICATION/ SUPPLEMENT : YES / NO

3. DO YOU HAVE ANY OF THE ILLNESSES LISTED BELOW OR RECEIVING TREATMENT FOR IT :

| | | YES | NO |
|---|---------------------|-----|----|
| 1 | Asthma | | |
| 2 | Heart Disease | | |
| 3 | High Blood Pressure | | |
| 4 | Diabetes | | |
| 5 | Epilepsy | | |
| 6 | Disfigurement | | |

4. NAME OF MEDICATION/ SUPPLEMENT

STUDENT DECLARATION

I _____ NRIC/ Passport Number : _____

hereby declare that all information declared are truthful.

_____ Date

_____ Student's Signature In The Presence of Doctor

DOCTOR'S MEDICAL REPORT

| | | | | | |
|----|-----------------|--------|--|----------|--|
| 1. | Brain Alertness | Normal | | Abnormal | |
| 2. | Heart Rate | | | | |
| 3. | Blood Pressure | | | | |
| 4. | Heart Sound | Normal | | Abnormal | |
| 5. | Lung | Normal | | Abnormal | |
| 6. | Abdomen | Normal | | Abnormal | |
| 7. | Musculoskeletal | Normal | | Abnormal | |

Comment : _____

I declare the student:

Healthy, No illness

With illness

I hereby **ALLOW / DO NOT ALLOW** the student to take part in SUKIPT 2024.

Date

Doctor's Signature & Official Stamp