



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