



KARNIVAL SUKAN MASUM, 2019
UNIVERSITI MALAYSIA PAHANG
24 JULAI HINGGA 3 OGOS 2019

Majlis Sukan Universiti Malaysia
d/a Unit Sukan, Kementerian Pendidikan Malaysia
Aras 2, No.2, Menara 2, Jalan P5/6
62200 Wilayah Persekutuan Putrajaya
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www.masum.org.my

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RECEIVED ON

STUDENT MEDICAL HEALTH REPORT

Name; _____ Metric No : _____

MEDICAL SELF-DECLARATION
TICK (/) AT APPROPRIATE BOX

Have you contacted or receiving treatment for the following illness:

	Yes	No
i. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
ii. Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
ii. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
iv. Diabetics	<input type="checkbox"/>	<input type="checkbox"/>
v. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
vi. Disfigurement	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT DECLARATION

I _____ I.C No. _____

hereby declare that all information declared are truthful.

_____ Date: _____ Student's signature in the presence of doctor

DOCTOR'S MEDICAL REPORT

1. Brain alertness	Ordinary <input type="checkbox"/>	extraordinary <input type="checkbox"/>				
2. Heat Beat	3. Blood Pressure	<table border="1"> <tr> <td>Sistolic MmHg</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Diastolic MmHg</td> <td><input type="checkbox"/></td> </tr> </table>	Sistolic MmHg	<input type="checkbox"/>	Diastolic MmHg	<input type="checkbox"/>
Sistolic MmHg	<input type="checkbox"/>					
Diastolic MmHg	<input type="checkbox"/>					
4. Heart	Ordinary <input type="checkbox"/>	Extraordinary <input type="checkbox"/>				
5. Lung	Ordinary <input type="checkbox"/>	Extraordinary <input type="checkbox"/>				
6. Abdomen	Ordinary <input type="checkbox"/>	Extraordinary <input type="checkbox"/>				

Comment : _____

I hereby declare that the student :-

<input type="checkbox"/>	Does not suffer from any illness, certified healthy and fit to take part in Karnival Sukan MASUM,2019
<input type="checkbox"/>	Suffer illness of _____ and allowed/ not allowed to take part in Karnival Sukan MASUM,2019.

STAMP

Doctor's Name		Singnature
Department		
Date		