



KARNIVAL SUKAN MASUM FASA I, 2023
UNIVERSITI SAINS ISLAM MALAYSIA
15 - 20 OGOS 2023

Majlis Sukan Universiti Malaysia
d/a Seksyen Sukan, Kementerian Pendidikan Tinggi
Aras 2, No.2, Menara 2, Jalan P5/6
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Tel: 03-8870 5185 Faks: 03-8870 6214
www.masum.org.my



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www.usim.edu.my

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</td><td><input type="checkbox"/></td></tr> <tr><td>MmHg</td><td><input type="checkbox"/></td></tr> <tr><td>Diastolic</td><td><input type="checkbox"/></td></tr> <tr><td>MmHg</td><td><input type="checkbox"/></td></tr> </table>	Sistolic	<input type="checkbox"/>	MmHg	<input type="checkbox"/>	Diastolic	<input type="checkbox"/>	MmHg	<input type="checkbox"/>
Sistolic	<input type="checkbox"/>									
MmHg	<input type="checkbox"/>									
Diastolic	<input type="checkbox"/>									
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 :-

Does not suffer from any illness, certified healthy and fit to take past in Karnival Sukan MASUM Fasa I, 2023
 Suffer illness of _____ and allowed/ not allowed to take part in Karnival Sukan MASUM Fasa I, 2023.

Doctor's Name		STAMP
Department		
Date		