



**KARNIVAL SUKAN MASUM FASA II, 2023**  
**UNIVERSITI TEKNIKAL MALAYSIA MELAKA**  
**22 - 30 OGOS 2023**

Majlis Sukan Universiti Malaysia  
 Kementerian Pendidikan Tinggi  
 Aras 2, No.2, Menara 2, Jalan P5/6  
 62200 Wilayah Persekutuan Putrajaya  
 Tel: 03-8870 5185 Faks: 03-8870 6214  
[www.masum.org.my](http://www.masum.org.my)



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<a href="http://www.utm.edu.my">www.utm.edu.my</a>

**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 Fasa II, 2023
<input type="checkbox"/>	Suffer illness of _____ and allowed/ not allowed to take part in Karnival Sukan MASUM Fasa II, 2023.

Doctor's Name		Signature
Department		
Date		

STAMP