



KARNIVAL SUKAN MASUM FASA I, 2018
UNIVERSITI MALAYSIA KELANTAN
15 - 21 JULAI 2018

Majlis Sukan Universiti Malaysia
d/a Bahagian Sukan, Kementerian Pendidikan Malaysia
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



www.upnm.edu.my

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"> <tbody> <tr> <td>Sistolic</td> <td><input type="text"/></td> </tr> <tr> <td>Mmhg</td> <td><input type="text"/></td> </tr> <tr> <td>Diastolic</td> <td><input type="text"/></td> </tr> <tr> <td>Mmhg</td> <td><input type="text"/></td> </tr> </tbody> </table>	Sistolic	<input type="text"/>	Mmhg	<input type="text"/>	Diastolic	<input type="text"/>	Mmhg	<input type="text"/>
Sistolic	<input type="text"/>									
Mmhg	<input type="text"/>									
Diastolic	<input type="text"/>									
Mmhg	<input type="text"/>									
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 part in Karnival Sukan MASUM Fasa I, 2018
 Suffer illness of _____ and allowed/ not allowed to take part in Karnival Sukan MASUM Fasa I, 2018.

STAMP

Doctor's Name		Signature
Department		
Date		