



**KARNIVAL SUKAN MASUM 2018**  
**UNIVERSITI PERTAHANAN NASIONAL MALAYSIA**  
**29 JULAI - 5 OGOS 2018**



Majlis Sukan Universiti Malaysia  
d/a Bahagian Sukan, Kementerian Pendidikan Malaysia  
Aras 2, No.2, Menara 2, Jalan P5/6  
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[www.masum.org.my](http://www.masum.org.my)

[www.upnm.edu.my](http://www.upnm.edu.my)

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**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="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> </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 II, 2018  
 Suffer illness of \_\_\_\_\_ and allowed/ not allowed to take part in Karnival Sukan MASUM Fasa II, 2018.

STAMP

Doctor's Name		Singnature
Department		
Date		