



Majlis Sukan Universiti Malaysia (MASUM)

d/a Bahagian Sukan, Kementerian Pendidikan Tinggi Malaysia,
Aras 2, No. 2, Menara 2, Jalan P5/6, Presint 5, 62200 W.P Putrajaya.
Tel : +603-8870 6259 | Faks : +603-8870 6214

STUDENT MEDICAL HEALTH REPORT

Event :	
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Name :		Metric No :	
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1. MEDICAL SELF-DECLARATION (Tick (/) At Appropriate Box)

Have you contacted or receiving treatment for the following illness:					
I. Asthma		II. Heart Attack		III. High Blood Pressure	
IV. Diabetics		V. Epilepsy		VI. Disfigurement	

2. STUDENT DECLARATION

I _____ I.C No. _____
hereby declare that all information declared are truthful.

_____)
(Date :

(Student's signature in the presence of doctor)

3. DOCTOR'S MEDICAL REPORT

I. Brain alertness	Ordinary		Extraordinary	
II. Heart Beat				
III. Blood Pressure	Systolic mmHg		Diastolic mmHg	
IV. Heart	Ordinary		Extraordinary	
V. Lung	Ordinary		Extraordinary	
VI. Abdomen	Ordinary		Extraordinary	

Comment: _____

I hereby declare that student :-

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

Doctor's Name:		Signature	Stamp
Department:			
Date:			