

UNIVERSITI TEKNOLOGI MALAYSIA

CONFIDENTIAL

MEDICAL REPORT FOR CONTRACT OFFICERS

- 1. Name : ..... Age : .....
- 2. Family History : .....
- 3. Personal History : Detail of any important illness, accident or operation should be given together with subsequent treatment. Particular enquiry tuberculosis, rheumatic fever, cholera, hay fever, dyspepsia, epilepsy, diabetes and nervous or mental illness.
  
- 4. Present condition :
  - (a) Height : ..... (d) Weight : .....
  - (b) Physique : ..... (e) Vaccination : .....
  - (c) Tuberculin test result : .....
  
- 5. Respiratory system :
  - (a) Nose : ..... (d) Pharynx : .....
  - (b) Chest expansion : ..... (e) Lungs (R&L) : .....
  - (c) Complete x-ray report of chest : .....Film no : ..... Hospital : ..... Date : .....

Radiologist's report : .....

- 6. Circulatory system :
  - (a) Pulse : ..... (c) Heart : .....
  - (b) Blood : .....
  
- 7. Alimentary systems :
  - (a) Appetite : ..... (f) Digestion : .....
  - (b) Bowels : ..... (g) Teeth : .....
  - (c) Tongue : ..... (h) Spleen : .....
  - (d) Liver : ..... (i) Rupture : .....
  - (e) Haemorrhoids : .....
  
- 8. Reproductive systems :
  - (a) Varicocele : ..... (c) Syphilis : .....
  - (b) Gonorrhoea : .....

9. Urinary systems:

- (a) Specific gravity : ..... (d) Albumin : .....  
(b) Sugar : ..... (e) Deposit : .....  
(c) Miscellaneous : .....

10. Is the officer at present (a) undergoing a course of treatment ? (b) receiving medical attention? If so, please give details :

.....  
.....

Signed : .....

Qualification : .....

Date : .....

**Note :**

*In completion of this form, particular attention should be paid to the following points :*

- (a) *X-Ray of the chest rule out any tuberculosis or chronic pulmonary disease; where the film is entirely normal it need not be forward, but if any abnormality is noted the film should be sent with this report.*
- (b) *Kidneys - no evidence of renal lesion should be present.*
- (c) *Eyesight - Serve errors of refraction should not passed, as those would only find trouble during years of working.*
- (d) *Hearing - deafness should be considered, a definate bar.*

**UNIVERSITI TEKNOLOGI MALAYSIA**

**REPORT OF MEDICAL EXAMINATION FOR CONTRACT OFFICERS**

**PART I (To be completed by the candidate)**

Name (Block Letters) : .....

Date of Birth : ..... Sex : .....

Nationality : ..... Race : .....

Address : .....

.....

1. Have you or has any member of your family ever had any serious illness or surgical operation ?

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2. Have you or has any member of your family ever been under treatment for tuberculosis ?

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3. Have you or has any member of your family ever suffered from mental disease, fits or epilepsy, or been treated in an institution for any kind of these disease ?

.....

I hereby certify that the information supplied by me to the Medical Examiner is correct in every particular.

Signature of candidate (which must be made in the presence of the Medical Examiner) :

.....

**PART II (To be completed by a physician)**

**RESULT OF MEDICAL EXAMINATION**

State of "Normal", if not, give particulars of any departure from normal :-

- 1. Heart .....
- 2. Blood Pressure ..... Max. / Min .....
- 3. Lungs .....
- 4. Nervous System .....
- 5. Mental Condition and Intelligence .....
- 6. Digestive Organs .....
- 7. Skeleton – Bones and Joins .....
- 8. Skin .....
- 9. Hearing .....
- 10. Sight (a) without glasses ..... R L
- 11. (b) with glasses (if any) ..... R L
- 12. Cause of defect of sight .....
- 13. Urine – Is Albumin or Sugar present ? .....
- 14. Urine Morphine / Heroin Derivatives test \* .....
- 15. Teeth .....
- 16. Deformities .....
- 17. Weight ..... Height .....
- 18. Mantoux Test (Date and result if done) .....
- 19. B.C.G (Date of inoculation if done) .....
- 20. Chest X-Ray Report (The examination should have been made within the last two months and the film should be attached to the report)  
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Remarks :- In cases where the Medical Examiner is unable to describe the examinee as being in perfect health and development he should state the exact nature of the defect which he finds and whether it is of a permanent or temporary nature.

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I certify that I have this day examined the above named and that the results are set forth, and I certify that in my opinion, subject to any special observations under "Remarks", above named is in good health and of sound constitution, and not suffering from any mental or bodily defect which is likely to render him unfit / to be employed by University Teknologi Malaysia.

.....  
(Signature and Qualification)

\* Please send the report of the test when its ready

Date : ..... Address : .....

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