



**EMERGENCY FORM  
FOR SECURITY DEPARTMENT**

**A) STUDENT PERSONAL DETAILS**

Name : \_\_\_\_\_

Matriculation No.: \_\_\_\_\_ IC/Passport No.: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Programme: \_\_\_\_\_ Highest Qualification: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

College Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Occupation & Address of Employer: \_\_\_\_\_

**B) DETAILS OF NEXT-OF-KIN**

Name: \_\_\_\_\_

Family Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)



## STUDENT DECLARATION

I .....

Matric No. .... Identity Card. ....

realise and appreciate the chance and honour to be a student of Universiti Utara Malaysia

HEREBY DECLARE

**Firstly**

I shall strive to the utmost towards excellence in knowledge

**Secondly**

I shall always be conscious of the importance of the upliftment of noble virtues

AND

**Thirdly**

I shall be determine to serve the society, race, religion and nation  
In order to achieve these objectives, I promise that I shall always abide by the Rules and  
Regulations of **UNIVERSITI UTARA MALAYSIA**

I shall always uphold the image and excellence of the University

I shall abide by the motto of the University: **SCHOLARSHIP, VIRTUE, SERVICE**

I henceforth agree to put down my signature on this Statement of Declaration. If this declaration is violated on my part, I am liable to be punished according to the Rules and Regulations of the University.

Date: .....

Signature of Student: .....

Signed in the presence of the Vice Chancellor Witnessed by the Registrar

Signature of Registrar .....



Form F

GAMBAR UKURAN PASPORT PEMOHON PASSPORT SIZE PHOTOGRAPH OF APPLICANT

LAPORAN PEMERIKSAAN KESIHATAN (PELAJAR TEMPATAN)

HEALTH EXAMINATION REPORT (FOR LOCAL STUDENT)

SILA ISI DALAM HURUF BESAR/ PLEASE FILL IN CAPITAL LETTERS

BAHAGIAN 1: UNTUK DIISI OLEH PEMOHON

PART 1: TO BE COMPLETED BY THE APPLICANT

TAHUN AKADEMIK/ ACADEMIC YEAR

KOD KURSUS/ COURSE CODE

SEMESTER

Grid for Academic Year

Grid for Course Code

Grid for Semester

PUSAT PENGAJIAN/ SCHOOL

NO. PENDAFTARAN/MATRIC (REG. NO.)

Grid for School Name

Grid for Matric No.

NAMA PENUH/ FULL NAME

Grid for Full Name

NO. KAD PENGENALAN/PASPORT / IDENTITY CARD/PASSPORT NO.

UMUR/ AGE

Grid for ID/Passport No.

Grid for Age

KEWARGANEGARAAN/ NATIONALITY

TARIKH LAHIR/DATE OF BIRTH

Grid for Nationality

Grid for Date of Birth

DD MM YY

LELAKI/MALE

PEREMPUAN/FEMALE

BUJANG/SINGLE

KAHWIN/MARRIED

Male checkbox

Female checkbox

Single checkbox

Married checkbox

NAMA PENJAGA/NAME OF GUARDIAN

Grid for Guardian Name

ALAMAT PENJAGA/ POSTAL ADDRESS OF GUARDIAN

Grid for Guardian Address



**BAHAGIAN 3: UNTUK DIISI OLEH DOKTOR YANG MEMERIKSA**

*PART 3: TO BE FILLED BY THE EXAMINING DOCTOR*

1 PEMERIKSAAN UMUM/ *GENERAL EXAMINATIONS*

TINGGI/ *HEIGHT*  sentimeter

BERAT/ *WEIGHT*  kilogram

NADI/ *PULSE*  seminit

BP  mmHg

a. PALLOR  Ya/ *Yes*  
 Tidak/ *No*

b. CYANOSIS  Ya/ *Yes*  
 Tidak/ *No*

c. OEDEMA  Ya/ *Yes*  
 Tidak/ *No*

d. JAUNDICE  Ya/ *Yes*  
 Tidak/ *No*

e. LYMPHNODES  Ya/ *Yes*  
 Tidak/ *No*

f. SKIN  Ya/ *Yes*  
 Tidak/ *No*

2 PEMERIKSAAN MATA/ *EXAMINATION OF EYES*

		KANAN	KIRI	CATATAN DOKTOR <i>Verification of doctor's finding</i>
a. PENGLIHATAN TANPA KACA MATA/ <i>UNAIDED VISION</i>		<input type="checkbox"/>	<input type="checkbox"/>	_____
b. PENGLIHATAN DENGAN KACA MATA <i>AIDED VISION</i>		<input type="checkbox"/>	<input type="checkbox"/>	_____
c. PENGLIHATAN WARNA <i>COLOUR VISION</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
d. FUNDOSKOPI <i>FUNDOSCOPY</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
3 PEMERIKSAAN TELINGA <i>EXAMINATION OF EAR</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____

4	RUANG MULUT ORAL CAVITY	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
5	JANTUNG HEART	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
6	a. SISTEM REPIRATORI REPIRATORY SYSTEM	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
	b. *X-RAY	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____

\*LAMPIRKAN X-RAY DADA DAN LAPORAN (filem besar)/ ATTACH CHEST X-RAY AND REPORT (large film)

TARIKH X-RAY/ X-RAY DATE	TEMPAT/ PLACE	NO. RUJUKAN X-RAY/ X-RAY REF. NO.																																		
<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>								

LMP (Last Menstrual Period) - Perempuan sahaja/ Female only

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7	ABDOMEN & RONGGA HERNIA ABDOMEN & HERNIAL ORIFICES	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
8	SISTEM SARAF & MENTAL NERVOUS SYSTEM & MENTAL CONDITION	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
9	SISTEM MUSKULOSKELETAL MUSCULOSKELETAL SYSTEM	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
10	LAIN-LAIN/ OTHERS			_____ _____ _____

**BAHAGIAN 4**

*PART 4*

11 PEMERIKSAAN AIR KENCING/ *EXAMINATION OF URINE*

- a. GULA       b. ALBUMIN       c. MICROSCOPY \_\_\_\_\_  
SUGAR \_\_\_\_\_

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**BAHAGIAN 5: PENGESAHAN DOKTOR**

*PART 5: DOCTOR'S VERIFICATION*

Sila tandakan (✓) di dalam kotak yang berkenaan.

*Please tick (✓) in the appropriate box*

Saya mengesahkan pada hari ini saya telah memeriksa/ *I certify that I have this day examined*

\_\_\_\_\_ No. KP/IC No. \_\_\_\_\_

dan mendapati bahawa/ *and found that:*

Beliau tidak menghadapi apa-apa penyakit dan disahkan sihat/ *The above name is in good health*

Beliau menghadapi/ *The above named has*

\_\_\_\_\_  
\_\_\_\_\_

Beliau sedang mendapat rawatan/ *The above named is undergoing treatment*

\_\_\_\_\_  
\_\_\_\_\_

Tarikh/  
*Date:* \_\_\_\_\_

Tandatangan Doktor/  
*Signature of Doctor* \_\_\_\_\_

Nama  
Doktor/  
*Name of Doctor* \_\_\_\_\_

Kelulusan dan cop rasmi klinik/  
*Qualification and official stamp of clinic* \_\_\_\_\_