



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

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.																																		
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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 _____

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 _____