



KEMENTERIAN PENDIDIKAN TINGGI



UPNM
National Defence University of Malaysia
Kewajipan • Maruah • Integriti



STUDENT MEDICAL HEALTH FORM

FULL NAME:			
ASASI/MATRICULATION:		GENDER:	MALE / FEMALE
NRIC NO.:		STUDENT MATRIC NO.	

a. MEDICAL SELF-DECLARATION

Please tick (/) at the appropriate box.

1. HAVE YOU SUSTAINED ANY INJURIES? YES ___ NO ___

If YES, please indicate the type of injury: _____

2. ARE YOU STILL ON ANY MEDICATION/SUPPLEMENT/DOCTOR'S OBESERVATION?

YES ___ NO ___

3. DO YOU HAVE ANY OF THE ILLNESS LISTED BELOW OR STILL RECEIVING TREATMENT:

TYPES OF ILLNESS	YES	NO
1. Asthma		
2. Heart Disease		
3. High Blood Pressure		
4. Low Blood Pressure		
5. Diabetes		
6. Epilepsy		
7. Disfigurement		

4. IF **YES**, PLEASE LIST THE NAME OF THE MEDICATION:

TYPES OF ILLNESS	LIST OF MEDICATION
1. Asthma	
2. Heart Disease	
3. High Blood Pressure	
4. Low Blood Pressure	
5. Diabetes	
6. Epilepsy	
7. Disfigurement	

b. STUDENT DECLARATION

I _____
NRIC number _____ hereby confirm that the information provided is true and accurate. I **will not hold the organizer liable** for any injury or medical complications during the event, and I consent to any medical treatment if required.

Sign (Student):

Witness by Doctor in charge (Official Stamp):

Date:



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DOCTOR'S MEDICAL REPORT

1.	Brain Alertness	Normal		Abnormal	
2.	Heart Rate				
3.	Blood Pressure				
4.	Heart Sound	Normal		Abnormal	
5.	Lung	Normal		Abnormal	
6.	Abdomen	Normal		Abnormal	
7.	Musculoskeletal	Normal		Abnormal	

Comment:

DECLARATION

I declare that:

Healthy and no illness

With illness

I hereby **ALLOW / NOT ALLOW** the student to take part in SAM2026.

_____ Date

_____ Official Stamp & sign

Doctor's Medical Report **MUST BE submitted during the registration day and enclosed together with Student Medical Health Report.