

BAHAGIAN II
PART TWO

PERAKUAN PEMOHON
DECLARATION BY CANDIDATE

Jika anda menghadapi penyakit-penyakit berikut sila tandakan (✓) pada petak berkenaan dan nyatakan butir-butir lanjut.

Please tick (✓) in the appropriate box if you have any of the following illness.

BIL	PENYAKIT	DISEASE	YES	NO	COMMENT
1	Lelah / Asma	Asthma			
2	Tibi / Batuk Kering	Tuberculosis			
3	Darah Tinggi	Hypertension			
4	Sakit Jantung	Heart Problem			
5	Kencing Manis	Diabetes			
6	Sakit Buah Pinggang	Kidney Problem			
7	Sawan	Fits			
8	Sakit jiwa	Mental Problem			
9	Kecacatan Anggota	Handicapped			
10	Lumpuh	Paralysis			
11	Ketagihan Dadah	Drug Addiction			
12	Kurang Pendengaran	Hearing Problem			
13	Kurang Penglihatan	Vision Problem			
14	Barah / Leukimia	Cancer / Leukimia			
15	Alahan	Allergy			
16	Penyakit/ Kecelakaan Lain yang Memudaratkan	Others			

Saya dengan ini mengaku segala maklumat kesihatan yang diberi di atas adalah benar. Pihak Universiti berhak membatalkan pendaftaran saya jika didapati maklumat tersebut tidak benar.

(I hereby certify that the information given above is correct in every particular).

Tandatangan calon (mestilah dilakukan di hadapan Pegawai Perubatan)

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

.....
Tarikh
(Date)

.....
Tandatangan Calon
(Signature of Candidate)

**BAHAGIAN IV
PART IV**

**PENGESAHAN DOKTOR
CERTIFICATION BY DOCTOR**

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, the above named is:

- a. Fit
- b. Fit with medical problem (please mention diagnoses)

- c. Unfit

.....
Signature Of Doctor

Name Of Doctor :

Qualification and Official Stamp of Clinic :

Date :

MEDICAL CHECK UP FOR UMTSEA STUDENTS

For registration purpose, UMTSEA students may perform their medical check up at the following clinic/hospital:

1. UMT Medical Centre
2. Any government hospital
3. The following UMT Panel Clinic around Klang Valley:
 - i. **KLINIK PERUBATAN IKRAM**
G-2, Pangsapuri Servis Desa Sentul
Jalan Sentul Pasar, Sentul
51000 Kuala Lumpur
W.P Kuala Lumpur
03-40315333/011-36061533
 - ii. **POLIKLINIK DR. AZHAR DAN RAKAN-RAKAN**
No. 29, Jalan 46a/26,
Taman Sri Rampai,
53300 Setapak, W.P Kuala Lumpur.
03-41424934
 - iii. **POLIKLINIK DR. AZHAR DAN RAKAN-RAKAN**
No. 4, Blok 20-0-14, Taman Bukit Angkasa,
59200 Pantai Dalam, Kuala Lumpur.
03-22820199
 - iv. **KLINIK KELUARGA ILYANA**
No. 12, Jalan Au 4/56, Ampang Ulu Kelang
54200 Kuala Lumpur
W.P Kuala Lumpur
0108845969
 - v. **KLINIK KELUARGA ILYANA CAWANGAN SELAYANG**
Lot G-9 & G-10, Residensi Selayang Damai
Jalan 15/2a, Taman Wilayah Selayang
68100 Selayang
W.P Kuala Lumpur
011-11865935 / 03-481680512