 **CENTRE FOR GRADUATE STUDIES**

**PPS - 13**

**NATIONAL DEFENCE UNIVERSITY MALAYSIA**

*Duty, Honour, Integrity*

**MEDICAL EXAMINATION FOR GRADUATE PROGRAMME ADMISSION (MASTER/PHILOSOPHY DOCTOR)**

**SECTION A**

A candidate for graduate studies must complete this form and submit it to the Director/Medical Officer when he/she is about to be examined, together with the letter of authority. Candidate is fully responsible for the statements below and any discrepancies or untrue statements may result in disqualification / rejection of this application.

Name (CAPITAL LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identification No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single or Married \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been given any inoculation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, state the latest date )

Have you:

1. Coughed blood, asthma, pleurisy or any

complaints of the lungs ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rheumatism, gout, epilepsy,

faintness or haemorrhoids ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nervous complaint, mental illness

or insanity ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other diseases or injuries? ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any of your family or close relatives was ever diagnosed or currently diagnosed with tuberculosis, insanity or epilepsy?

I hereby declare the answers above are true and complete.

Date: ………………………………….. Signature: …………………………..........

Reminder: If you are using spectacles for any reasons, please bring along your spectacles to be examined

by the Advisor/ Medical Officer.

**SECTION B** : (To be completed by the Director/Medical Officer in attendance)

**MEDICAL EXAMINATION FOR ADMISSION TO SERVICE OF BOARD**

Examining-Medical Officers are requested to make a thorough examination of the applicant and complete the report below:-

1. a) Is the applicant known to you? …………………………………………………………….. a.

b) Have you attended him medically? …………………………………………………………….. b.

If so, for what ailments?

c) Height ……………………………………………………………… c.

d) Weight ……………………………………………………………… d.

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1. EXAMINATION OF EYES:
2. Vision (uncorrected) ……………………………………………………………… a.
3. Vision (corrected with glasses) ……………………………………………………………… b.
4. Fundus examination (if possible) ……………………………………………………………… c.

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1. EXAMINATION OF EARS:
2. Any discharges present ……………………………………………………………… a.
3. Condition of drum ……………………………………………………………… b.
4. Acuity of hearing ……………………………………………………………… c.

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1. EXAMINATION OF TEETH:

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

1. EXAMINATION OF THROAT:

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

1. EXAMINATION OF CHEST:
2. Any abnormally of for? ………………………………………………………………. a.
3. Expansion normal? ………………………………………………………………. b.
4. Equal on both sides? ………………………………………………………………. c.
5. Percussion ………………………………………………………………. d.
6. Auscultation ………………………………………………………………. e.
7. X-ray examination report ………………………………………………………………. f.

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1. CONDITION OF HEART:
2. Rhythm ……………………………………………………………… a.
3. Character of impulse at Apex beat ……………………………………………………………… b.
4. Position of Apex beat ……………………………………………………………… c.
5. Any alteration of size? ……………………………………………………………… d.
6. Any murmurs present? ……………………………………………………………… e.
7. Exercise tolerance test ……………………………………………………………… f.

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1. PULSE:
2. Rate ……………………………………………………….. a.
3. Character ……………………………………………………….. b.
4. Any evidence of arterial charges ……………………………………………………….. c.

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1. BLOOD:
2. Mercurial manometer preferred ………………………………………………………… a. Systolic
3. Take readings lying or sitting ………………………………………………………… b. Diatolic

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1. IS THERE ANY ENLARGEMENT OF:
2. The liver or, ……………………………………………………….. a.
3. Spleen or, ……………………………………………………….. b.
4. Any abnormal swelling in the abdomen ……………………………………………………….. c.

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1. EXAMINATION OF URINE:
2. S. Gravity ……………………………………………………….. a.
3. Albumin ……………………………………………………….. b.
4. Sugar ……………………………………………………….. c.
5. Acetone ……………………………………………………….. d.
6. Microscopical examination of deposit ……………………………………………………….. e.

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1. EXAMINATION OF HERNICAL ORIFICERS:

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1. EXAMINATION OF NERVOUS SYSTEMS:
2. Condition of patellar reflexes ………………………………………………………. a.
3. Condition of ankle reflexes ………………………………………………………. b.
4. Condition of planter reflexes ………………………………………………………. c.
5. Are the pupils equal? ………………………………………………………. d.
6. Do the pupils react to light? ………………………………………………………. e.
7. Do the pupils react to accommodation ……………………………………………………….. f.
8. Any sensory loss? ………………………………………………………. g.

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Any further examination which the examining officer considers it necessary to make and the result thereof:

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REPORT OF MEDICAL ADVISER to,

Dean

Centre for Graduate Studies

National Defence University Malaysia

I hereby certify that I have examined ……………………………………………………………………………………………..

and that I find her free from organic disease and the fit person for postgraduate student.

Signature: …………………………………………………….

Qualifications: …………………………………………………….

Appointment: …………………………………………………….