



**UPNM**  
National Defence University of Malaysia  
Kewajipan • Maruah • Integriti

**CENTRE FOR GRADUATE STUDIES**  
**NATIONAL DEFENCE UNIVERSITY OF MALAYSIA**

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

**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:

- a) Coughed blood, asthma, pleurisy or any complaints of the lungs ) \_\_\_\_\_
- b) Rheumatism, gout, epilepsy, faintness or haemorrhoids ) \_\_\_\_\_
- c) Nervous complaint, mental illness or insanity ) \_\_\_\_\_
- d) 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? .....
  - b) Have you attended him medically? .....  
    If so, for what ailments?
  - c) Height .....
  - d) Weight .....
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2. EXAMINATION OF EYES:
    - a) Vision (uncorrected) .....
    - b) Vision (corrected with glasses) .....
    - c) Fundus examination (if possible) .....
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3. EXAMINATION OF EARS:
    - a) Any discharges present .....
    - b) Condition of drum .....
    - c) Acuity of hearing .....
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4. EXAMINATION OF TEETH:

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5. EXAMINATION OF THROAT:

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6. EXAMINATION OF CHEST:
    - a) Any abnormally of for? .....
    - b) Expansion normal? .....
    - c) Equal on both sides? .....
    - d) Percussion .....
    - e) Auscultation .....
    - f) X-ray examination report .....
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7. CONDITION OF HEART:
    - a) Rhythm .....
    - b) Character of impulse at Apex beat .....
    - c) Position of Apex beat .....
    - d) Any alteration of size? .....
    - e) Any murmurs present? .....
    - f) Exercise tolerance test .....
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8. PULSE:

- a) Rate ..... a.
  - b) Character ..... b.
  - c) Any evidence of arterial changes ..... c.
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9. BLOOD:

- a) Mercurial manometer preferred ..... a. Systolic
  - b) Take readings lying or sitting ..... b. Diastolic
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10. IS THERE ANY ENLARGEMENT OF:

- a) The liver or, ..... a.
  - b) Spleen or, ..... b.
  - c) Any abnormal swelling in the abdomen ..... c.
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11. EXAMINATION OF URINE:

- a) S. Gravity ..... a.
  - b) Albumin ..... b.
  - c) Sugar ..... c.
  - d) Acetone ..... d.
  - e) Microscopical examination of deposit ..... e.
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12. EXAMINATION OF HERNICAL ORIFICERS:

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13. EXAMINATION OF NERVOUS SYSTEMS:

- a) Condition of patellar reflexes ..... a.
  - b) Condition of ankle reflexes ..... b.
  - c) Condition of planter reflexes ..... c.
  - d) Are the pupils equal? ..... d.
  - e) Do the pupils react to light? ..... e.
  - f) Do the pupils react to accommodation ..... f.
  - g) 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 of 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: .....