



AIMST UNIVERSITY

No. Perakuan Institusi : DU010(K)

MEDICAL REPORT FORM

INSTRUCTIONS:

Student is required to complete PART "A" and Examining Physician (Doctor) will complete PART "B".
Suppression or falsification of facts can result in rejection of application.

A. MEDICAL INFORMATION

Applicant's Name: (BLOCK LETTERS)		
Programme to be enrolled :	Age:	Single / Married
NO IC/Passport	Gender :	Race
Have any members of your family or near relatives suffered from tuberculosis, HIV/AIDS or Hepatitis B or C?	Yes	No
Do you have any history of mental illness or seizures? If yes, please explain and attach a medical report.	Yes	No
Do you have any visual or hearing defects? If yes, specify the nature of these conditions.	Yes	No
Do you suffer from any physical disability? If yes, specify the nature of these conditions.	Yes	No
Do you suffer from any chronic illness? If yes, specify the nature of these conditions.	Yes	No
Have you ever been rejected for university / college admission on medical grounds?	Yes	No
Have you suffered from any illness which may interfere with your ability to complete your studies in the university? If yes, please explain.	Yes	No
Do you wish to give any additional information to the Selection Committee, e.g. about personal or domestic circumstances, that may have a bearing on the assessment of your application?		

DECLARATION BY APPLICANT

I declare that all answers are, to the best of my knowledge and belief, true. I am fully aware that if I withhold any information, this PRE-ADMISSION examination will be considered null and void, and I will not hold the University responsible for my failure to gain admission. I hereby grant permission to the examining physician to disclose any and all medical information herein or hereinafter furnished by me to the University when deemed necessary.

SIGNATURE OF APPLICANT

DATE

Instruction: Doctors are requested to fill in **all** the required information. Attach the investigation report (i.e Lab test report, X-ray report, etc) together with this form. Thank you

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By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to our website www.aimst.edu.my for further details. If you agree for your personal data to be collected and processed by us please tick (✓) in the box below.

() Agree

() Disagree

Name :
I/C No./Passport No. :
Date :

