

**CONFIDENTIAL**



**PEMERIKSAAN KESIHATAN UNTUK PEMBAHARUI KONTRAK  
PERKHIDMATAN DI UNIVERSITI ISLAM ANTARABANGSA MALAYSIA**

**(MEDICAL CHECK-UP FOR RENEWAL OF CONTRACT AT THE INTERNATIONAL  
ISLAMIC UNIVERSITY MALAYSIA)**

Calon untuk penyambungan kontrak dikehendaki mengisi borang ini dan menyerahkannya kepada Pegawai Perubatan pada waktu pemeriksaan.

*(The candidate for renewal of contract must complete the form below and hand it over to the Medical Officer at the time of examination).*

\_\_\_\_\_  
Nama Keluarga (dalam huruf besar)

*Surname (in block letters):* \_\_\_\_\_

Nama Diri (sepenuhnya)

*Name (in full):* \_\_\_\_\_

Alamat

*Address :* \_\_\_\_\_

Tarikh Lahir

*Date of birth:* \_\_\_\_\_

Umur pada harijadi terakhir

*Age at last birthday:* \_\_\_\_\_

No. Kad Pengenalan/Passport

*N.R.I.C/Passport No.:* \_\_\_\_\_

Status Perkahwinan

*Marital Status:* \_\_\_\_\_

Tempat Lahir/Negara

*Place of birth/Country:* \_\_\_\_\_

Jawatan

*Post:* \_\_\_\_\_

Adakah anda menghadapi apa-apa penyakit/masalah kesihatan tertentu? Sila terangkan.

*Are you suffering form any illnesses/diseases condition? Please explain.*

\_\_\_\_\_  
Tarikh

*Date :* \_\_\_\_\_

Tandatangan

*Signature :* \_\_\_\_\_

**PEMERIKSAAN KESIHATAN UNTUK**  
**PEMBAHARUAN KONTRAK PERKHIDMATAN**  
*(Medical Examination for Renewal of Contract)*

Pegawai-pegawai Perubatan yang memeriksa diminta melakukan pemeriksaan dengan teliti dan melengkapkan laporan dibawah.

*(Examining Medical Officers are requested to make a thorough examination of the applicant and to complete the report below).*

- |    |   |   |   |
|----|---|---|---|
| 1. | (a)   | Adakah anda mengenali staff ini?<br><i>Do you know this staff?</i>  | Ya/Tidak<br><i>Yes/No</i>                     |
|    | (b)   | Pernahkan anda merawatnya?<br>Jika ya, Untuk apa?<br><i>Have you ever attended him/her medically?</i><br><i>If yes, for what ailment?</i> | Ya/Tidak<br><i>(Yes/No)</i><br><br>_____      |
| 2. | (a)   | Tinggi<br><i>Height</i>   | _____ (m)                                     |
|    | (b)   | Berat<br><i>Weight</i>  | _____ (kg)                                    |
| 3. | Penglihatan<br><i>Vision</i>                          | (a) Tanpa kaca mata<br><i>Without glasses</i>   | (R) = ___/___ (L) = ___/___                   |
|    |   | (b) Dengan kaca mata<br><i>With glasses</i>   | (R) = ___/___ (L) = ___/___                   |
|    |   | (c) Pemeriksaan Fundus (jika perlu)<br><i>Funduscopy (if required)</i>  | _____   |
| 4. | Telinga<br><i>Ears</i>                                | (a) Lelehan<br><i>Discharge</i>   | Ada/Tiada<br><i>(Present/Absent)</i>          |
|    |   | (b) Gegendang telinga<br><i>Tympanic membrane</i>   | Biasa/Tidak biasa<br><i>(Normal/Abnormal)</i> |
|    |   | (c) Pendengaran<br><i>Hearing</i>   | Biasa/Tidak biasa<br><i>(Normal/Abnormal)</i> |
| 5. | Tekak<br><i>Throat</i>                                |   | Biasa/Tidak biasa<br><i>(Normal/Abnormal)</i> |
| 6. | Gigi<br><i>Teeth</i>                                  |   | Biasa/Tidak biasa<br><i>(Normal/Abnormal)</i> |
| 7. | Sistem Kardiovaskular<br><i>Cardiovascular System</i> | (a) Kadar Nadi<br><i>Pulse Rate</i>   | _____ per min.                                |
|    |   | (b) Tekanan Darah<br><i>Blood Pressure</i>  | _____ mm/Hg                                   |
|    |   | (c) Denyutan Jantung  | Biasa/Tidak Biasa                             |

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8.	Sistem Pernafasan <i>Respiratory System</i>	(a)	Kelainan Dada <i>Chest Abnormality</i>	Ada/Tiada <i>Present/Absent</i>
		(b)	Auskultasi <i>Auscultation</i>	Ada/Tiada <i>Present/Absent</i>
9.	Perut <i>Abdomen</i>		Pembesaran <i>Organomegaly</i>	Ada/Tiada <i>Present/Absent</i>
10.	Kencing <i>Urine</i>	(a)	Gula <i>Sugar</i>	Ada/Tiada <i>Present/Absent</i>
		(b)	Protein	Ada/Tiada <i>Present/Absent</i>
		(c)	Deposit	Ada/Tiada <i>Present/Absent</i>
11.	Sistem Muskuloskeletal <i>Musculoskeletal System</i>			Biasa/Tidak Biasa <i>Normal/Abnormal</i>
12.	Sistem Saraf <i>Nervous System</i>			Biasa/Tidak Biasa <i>Normal/Abnormal</i>
13.	Pemeriksaan lain perlu dilakukan <i>If any further examination consider necessary</i>		_____	

Dengan ini saya mengesahkan bahawa saya telah memeriksa \_\_\_\_\_ dan saya dapati beliau sihat/tidak sihat dan mempunyai penyakit \_\_\_\_\_

*I hereby certify that I have examined \_\_\_\_\_ and found him/her healthy/not healthy from illness \_\_\_\_\_*

Tandatangan: \_\_\_\_\_  
(Signature)

Kelayakan: \_\_\_\_\_  
(Qualifications)

Tarikh : \_\_\_\_\_  
(Date)

Jawatan: \_\_\_\_\_  
(Designation)