



**PERKHIDMATAN UTAMA  
SISWAZAH**

**PEJABAT TIMBALAN NAIB CANSOLOR  
(AKADEMIK & ANTARABANGSA)**  
Kod Dokumen: PU/S/BR02/GS-04f (PK-2)

**CERTIFICATION OF MEDICAL EXAMINATION REPORT**

**BAHAGIAN A                   UNTUK DILENGKAPKANKAN OLEH CALON**  
**PART A                        TO BE COMPLETED BY THE CANDIDATE**

Nama penuh:

*Full name:* \_\_\_\_\_

Kewarganegaraan:

*Nationality:* \_\_\_\_\_

No. K.P/Passport:

*I.C/Passport no.:* \_\_\_\_\_

Program:

*Programme:* \_\_\_\_\_

Fakulti/Institut:

*Faculty/Institute:* \_\_\_\_\_

**BAHAGIAN B                   UNTUK KEGUNAAN PUSAT KESIHATAN UNIVERSITI, UPM**  
**PART B                        FOR THE USE OF UNIVERSITY HEALTH CENTRE, UPM**

Saya mengesahkan bahawa saya telah **\*melakukan pemeriksaan kesihatan/menerima borang "Health Examination Report For Malaysian (Post Graduate) Student"/"Health Examination Report For International Student"** bagi penama di atas dan mengesahkan bahawa beliau:

I certify that I have **\*examined/received the Health Examination Report For Malaysian (Post Graduate) Student/Health Examination Report For International Student form** of the above named candidate, and certify that in my opinion:

Tidak menghadapi sebarang masalah berkaitan dengan kesihatan (mental/fizikal) untuk mendaftar pengajian di UPM.  
He/she is in good health and of sound constitution, and not suffering from any mental or bodily defect which is likely to render him unfit to pursue his graduate studies at UPM.

Mempunyai masalah kesihatan yang tidak membolehkan beliau mendaftar pengajian di UPM.  
He/She is unfit to pursue his/her graduate studies at UPM.

Tandatangan:

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

(Nama dan cap rasmi Pegawai Perubatan)  
(Name and official stamp of Medical Officer)

Tarikh:

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

\*Potong yang tidak berkenaan  
\*Delete which is not applicable

**Sila serahkan borang ini ke Sekolah Pengajian Siswazah semasa pendaftaran**  
**Please submit this form when you register at the School of Graduate Studies**