

	PERKHIDMATAN UTAMA SISWAZAH PEJABAT TIMBALAN NAIB CANSOLOR (AKADEMIK & ANTARABANGSA) Kod Dokumen: PU/S/BR02/GS-04f (PK-2)
	CERTIFICATION OF MEDICAL EXAMINATION REPORT

PART A TO BE COMPLETED BY THE CANDIDATE

Full name: _____

Nationality: _____

I.C/Passport no.: _____

Programme: _____

Faculty/Institute: _____

PART B FOR THE USE OF UNIVERSITY HEALTH CENTRE, UPM

I certify that I have **examined/received the Health Examination Report For Malaysian student (RME/IPT/LOCAL)"/"Health Examination Report For International Student (RME/IPT/INTERNATIONAL)"* of the above named candidate, and certify that in my opinion:

- He/she is in good health and of sound constitution, and not suffering from any mental or bodily defer which is likely to render him unfit to pursue his graduate studies at UPM.
- He/she is unfit to pursue his/her graduate studies at UPM.

Signature: _____ Date: _____

(Name and official stamp of Medical Officer)

**Delete which is not applicable*

Please submit this form when you register