



The Maldives National University

Rahdhebai hin'gun, Machchangolhi, Male', Maldives.
Phone 3345155

Medical Examination Form

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1. Please read the instructions carefully before filling in the form.
2. Please fill in the form in English language.
3. Please write in CAPITAL LETTERS.
4. This form has 4 sections. Section 1 (Part A and B) is to be filled by the candidates. Section 2, 3 and 4 is to be filled by the examining doctor
5. Please complete all the tests required in this form.
6. The university accepts medical examinations done within 60 days before registration.
7. Chest x-ray done within 6 months prior to registration can be accepted.
8. The university has the right to repeat full medical check-up or any specific laboratory tests if there is
9. The university has the right to reject any application:
 - (a) Based on the results of the health examination
 - (b) if the applicant has given false information in the health examination report or any supporting

SECTION 1

(PART B) - Please tick (✓) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses.

* Immediate family refers to father, mother, brothers / sisters

No	MEDICAL PROBLEMS	SELF		IMMEDEATE FAMILY		If "Yes" please state.
		Yes	No	Yes	No	
1	Congenital or inherited disorder					
2	Allergy					
3	Mental illness					
4	Fits, stroke, other neurological disease					
5	Diabetes Mellitus					
6	Hypertension					
7	Heart or vascular disease					
8	Asthma					
9	Thyroid disease					
10	Kidney disease					
11	Cancer					
12	Tuberculosis					
13	Drug addiction					
14	AIDS / HIV					
15	History of surgery					
16	Other illnesses					
17	Smoker					
18	Hepatitis B / Hepatitis C					

No	IMMUNIZATION HISTROY (WHERE APPLICABLE)	DATE OF IMMUNIZATION
1	Chicken pox	
2	BCG	
3	Meningitis (Quadrivalent)	
4	Hepatitis B	
5	Others:	

Current medication (Long term)

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

_____ Date

_____ Signature of candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT			
Height (m):			Blood pressure (mmHg):
Weight (kg):			Pulse rate: (/ min)
Vision Test :	Unaided : (R)	(L)	Colour Vision Test :
	Aided : (R)	(L)	Normal / Abnormal

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. Deformities			
b. Pallor			
c. Cyanosis			
d. Jaundice			
e. Oedema			
f. Skin Diseases			

3. SYSTEMIC EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. Eyes (including funduscopy)			
b. Ears			
c. Nose			
d. Oral Cavity / Throat			
e. Neck			
f. Heart			
g. Lungs			
h. Abdomen / hernia Orifices			
i. Nervous System			
j. Mental Condition			
k. Musculoskeletal System			

SECTION 3 - INVESTIGATIONS

URINE TEST		
ITEM	DATE TAKEN	RESULT
a. Albumin		
b. Sugar		
c. Microscopic		

BLOOD TEST		
ITEM	DATE TAKEN	RESULT
a. Hepatitis bs Antigen		
b. Hepatitis B Antibody		
c. Hepatitis C		
d. HIV Ag/Ab		
e. VDRL / TPHA		

CHEST X-RAY INFORMATION	
Chet X-ray No.	
Date taken	
Place Taken	
Report	<hr/> <hr/>

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (✓) in the relevant box

I certify that I have on this date _____ examined
Mr / Ms _____ ID No. _____
and found him / her :-

The above named is in good health

The aboved named has the following medical problem (please state)

The above named is undergoing treatment for (please state)

Date: _____ Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Hospital/Clinic : _____

Dr.'s Registration Number : _____

Official stamp : _____

Remarks By University Official :