



MEDICAL FITNESS FORM
BAHAGIAN BIASISWA, KEMENTERIAN PENDIDIKAN

TO THE MEDICAL OFFICER

The applicant has applied for the Government of His Majesty The Sultan Dan Yang Di-Pertuan Negara Brunei Darussalam Scholarship. Please complete the Medical Fitness Form on the students who will be applying for admission to a full-time course of further education abroad and return this form in a sealed envelope to the applicant, who will forward it, unopened to the Scholarship Section, Ministry of Education. When you seal the envelope please sign across the seal.

Please be informed that the applicant will have to go through the Scholarship Selection Process that encompasses Leadership Test and Intensive Fitness Assessment. During this test, applicant may be exposed to various weather conditions, including extreme heat, cold and rain. This medical fitness report is crucial to be ready before the Selection Process.

Personal Details:

Name: _____

IC No: _____ Date of Birth: _____

Age: _____ Year _____ Month Sex: MALE / FEMALE*

MEDICAL HISTORY:

1. Personal History – Particular enquiry should be made regarding any of the following:

a. Have you suffered from or is suffering from the following?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| • Tuberculosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Rheumatic fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Hypertension | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • STD in the past | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Psychiatric / Mental illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

b. Please give details of any important illness, accident or surgery (if any):

c. Any learning disability?

Yes No

If your answer is YES to question C, please specify: _____

I declare the above information is true.

Signature: _____ Date: _____

2. Vaccination

BCG :

Rubella :

Hepatitis B :

3. Mantoux test result:

PHYSICAL EXAMINATION & INVESTIGATIONS:

1. General appearance: Height: _____ m Weight: _____ kg BMI: _____
2. Cardiovascular system examination: Pulse = _____ Blood Pressure = _____ Heart sounds = _____ ECG = _____
3. Respiratory system examination :
4. Chest X-Ray Report: Film No: _____ Date taken: _____ Health facilities: _____ Radiologist report:
5. Gastrointestinal system:
6. Nervous System Any limb deformity: Any muscle weakness: Reflexes:
6. Dental examination:
7. Visual acuity
8. Hearing
9. Urinalysis: Albumin = _____ Sugar = _____ Blood = _____
10. Laboratory tests: HB = _____ Serum creatinine = _____ Random blood sugar = _____ HBs Antigen (if positive, full Hepatitis B markers) = _____ HBs Antibody = _____ HCV Antibody = _____ HIV Test = _____ Pregnancy test = _____

11. **Drug screening** = _____

12. ***Is the candidate at present:***

On any medications? (Please give details)

Receiving medical attention? (Please give details)

I certify that the above candidate is medically **FIT/ UNFIT** to undergo the selection process and undertake a course overseas.

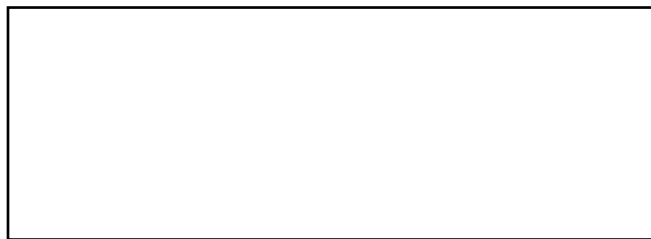
Signature of Doctor: _____ Qualifications: _____

Name of Doctor: _____

BMB Number: _____

Name of Clinic: _____ Date: _____

Official stamp:



Note:

In completing this form, particular attention should be paid to:

- Chest X-ray to rule out tuberculosis or other chronic pulmonary disease
- Eyesight- errors of refraction should be corrected
- There should be no evidence of severe renal diseases
- Any abnormalities should be investigated and managed accordingly