MEDICAL FITNESS FORM **FORM ASR-07** **[For all INTERNATIONAL STUDENTS AND BACHELOR OF HEALTH SCIENCE PROGRAMME (except Biomedical Science)]**	**UNIVERSITI BRUNEI DARUSSALAM**

All information is confidential.

STUDENT DETAILS

Name:			
Programme offered:			
Date of Birth:		Nationality:	
Passport No./ IC no.		Contact no.:	

PHYSICAL EXAMINATION

(To be completed by a Medical Doctor / Physician)

Height: _____ Blood group (if known): _____ Vision Hearing

Weight: _____ Pulse: _____ R: _____ R: _____

BMI: _____ BP: _____ L: _____ L: _____

Wears corrective lens
☐ Yes ☐No

	ABNORMAL	NORMAL		ABNORMAL	NORMAL
Neurological (Seizures, Headaches, Syncope)			Endocrinology/Hormonal (Diabetes, Thyroid)		
Heart Problem (Rhythm & Sounds)			Mouth (Teeth, Gums, Braces)		
Respiratory/Pulmonary (Asthma, Tb, Cystic Fibrosis)			Nose (Congestion, Nose bleeds)		
Musculo Skeletal (Postural, Joint Problems)			Ears (Infections, Grommets, Hearing)		
Gastrointestinal (Upper &Lower GI)			Blood Disorders (Anemia, G6PD, Hemophilia)		
Integumentary (Eczema, Rashes, Scars, Psoriasis)			Allergies		
Urological			Hospitalizations/Surgeries		
Psychological			Nutritional Status (Over/Under weight, Eating disorder)		
Vision/Eyes			Special Dietary Requirements		

Describe any abnormalities or conditions listed above and the dates involved:

1. _____
   _____
   _____
2. _____
   _____
   _____

Regular or PRN medications? ☐ Yes ☐No

Please state name, dose and reason for medication: _____

1. _____
2. _____

I certify that the above candidate is medically (FIT / UNFIT) to undertake the programme in UBD.

Physician's name and signature :		Official stamp
Post:		
Date:		