

Bible College of Malaysia

99 Jalan Gasing, 46000 Petaling Jaya, Selangor Darul Ehsan. Tel: 03-79565621

Mailing Address: P.O.BOX 141, 46710 PETALING JAYA, SELANGOR DARUL EHSAN, MALAYSIA.

MEDICAL QUESTIONNAIRE

Name: _____ Sex: _____ Status: _____
Date of Birth: _____ Height: _____ Weight: _____

Medical History:

• Past illnesses

<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dysmenorrhoea	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Migraine
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Skin trouble	<input type="checkbox"/> Tuberculosis

• Past operations, accidents, injuries _____

• Immunisations (polio, tetanus, BCG) _____

• Medications _____

• Smoking _____ Alcohol _____ Drug addiction _____

• Family History _____

• Social/Psychiatric History _____

Physical Examination:

• Cardiovascular:

General vitality and endurance _____

pulse rate: _____ blood pressure: _____ dyspnoea: _____

apex beat: _____ heart sounds: _____ murmurs: _____

• Respiratory:

hoarseness _____ respiratory rate _____

chest sounds _____ chest expansion _____

• Abdomen

scars _____ hernia _____

organ enlargement _____ bowel sounds _____

• Genitourinary _____

• Musculoskeletal

limbs _____ spine _____

wasting _____

• Neurological

visual acuity with glasses _____ without glasses _____

colour vision _____ visual field _____

reflexes _____ power/tone _____

hearing _____ smell _____

Laboratory Tests:

Urinalysis protein/glucose _____

Blood count & other tests & Chest X-Ray (if relevant) _____

Hepatitis B _____ HIV _____

(Please attach blood test results of Hepatitis B and HIV)

General Comments:

In my opinion there is / there is no physical reason to prevent _____
from participating in any sports or physical education.

I should advise that special care be given for _____

Name of Medical Practitioner _____

Address _____

Signature

Date