澳門大學
UNIVERSIDADE DE MACAU

MEDICAL EXAMINATION REPORT

CONFIDENTIAL

☐ Approved

☐ Not Approved

_____

Campus Doctor

Student No.: ☐-☐☐-☐☐☐☐-☐

PART I (This part is to be completed by the applicant.)

Name in Full: _____
(as given in your Application Form. Use BLOCK LETTERS)

Affix a recent Passport-size photograph here

Name in Chinese, if applicable: _____

Sex: _____ Date of Birth: _____

E-mail: _____

Address: _____

_____Telephone No.: _____

E-mail: _____

Name of Parent/Guardian: _____

Name in Chinese of Parent/Guardian. If applicable: _____

Relationship to Applicant: _____Telephone No.: _____

1. Have you or has any member of your family ever had any serious illness? If so, state nature of disease and relationship of patient to applicant.
   _____
2. Have you or has any member of your family ever been under treatment for tuberculosis? If yes, give relationship. _____
3. Have you or has any member of your family ever suffered from mental illness, syncope or epilepsy, or has been treated in an institution for any of these illness?
   _____
4. Are you sensitive to any particular drug or drugs? _____
5. Is there any family history of asthma or allergy? _____
6. Have you got the tetanus vaccination? If yes, mention the dates. (Copy of the vaccination certificate must be attached.) (1) _____, (2) _____, (3) _____

I hereby certify in the presence of the Medical Examiner that the information given above is true and correct.

_____
Signature of Medical Examiner
Date:

_____
Signature of student
Date:

PART II (This Part is to be completed by the Medical Examiner.)

1. Height: _____

2. Weight: _____

3. Blood Pressure: _____

4. Urine – is albumin or sugar present? _____

5. Radiologist's report of chest: ☐ Normal
   ☐ Abnormal
   (Examination should have been made at the Macao Government Health Centres within the last three months of the date of this Report)

6. Vision

	Right eye	Left eye
Without correction	_____/10	_____/10
With correction	_____/10	_____/10
Chromatic Sense	_____	_____

7. Remarks by Medical Examiner (If the Medical Examiner is unable to certify the applicant as being physically fit to pursue study in our University, please state reasons giving nature of defect and whether it is of a permanent or temporary nature.):

   _____

   _____

   _____

8. I certify that I have this day examined the applicant and the results of my examination are as set forth above. I certify that in my opinion, subject to the observations mentioned in paragraph 7, the applicant is

   ☐ PHYSICALLY FIT
   ☐ NOT PHYSICALLY FIT
   to pursue study in our University.

   Stamp Official Chop

   _____
   Signature of Medical Examiner
   Date:

Name of Medical Examiner in full: _____

Number of Medical License: _____

Institution: _____

Address: _____

_____ Telephone No.: _____

This form is merely used for admission to University of Macau. Photocopy is invalid.