UNIVERSITI ISLAM MALAYSIA
ISLAMIC UNIVERSITY MALAYSIA الجامعة الإسلامية بماليزيا
ACADEMIC MANAGEMENT & QUALITY ASSURANCE
BLOK I, BANGUNAN MKN EMBASSY TECHZONE, JALAN TEKNOKRAT 2, 63000 CYBERJAYA, SELANGOR DARUL EHSAN | TEL : 03-8324 6666 | FAKS : 03-8324 6600

HEALTH DECLARATION FORM

Name : ______________________________ Matric no. : __________________

Programme : ______________________________ Intake : __________________

Mobile No. : ______________________________ Tel No. (House) : __________________

Name and contact no. : ____
(In case of emergency)
Relationship : ______________________________

Please indicate if you have ever suffered from or experienced or received treatment for the following diseases or conditions: (Please tick (√) in the respective box)

	Yes	No		Yes	No
Diabetes Mellitus	☐	☐	Heart Disease	☐	☐
Bronchial Asthma	☐	☐	Kidney Disease	☐	☐
Hypertension	☐	☐	Psychiatric Illness	☐	☐
Hearing Problem	☐	☐	HIV / AIDS	☐	☐

Others: ____

If YES, please specify.

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Have you been hospitalized in the past 5 years? (If YES, please specify)

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DECLARATION

I declare that the above information given by me is true and complete. I hereby authorize Universiti Islam Malaysia to verify information about me from whichever source you consider appropriate.

__________________________ Date : _________________________

Signature