



Approved  Not Approved

CONFIDENTIAL

Signature of Campus Doctor \_\_\_\_\_

Date: \_\_\_\_\_ 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)

Name in Chinese, if applicable: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

*Affix a recent  
Passport-size  
photograph here*

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, please provide 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 declare that the information provided in this form is correct and I have acknowledged and understood the <Personal Data Collection Statement of the University of Macau/the Registry of the University of Macau> stated at Registry's website.

❖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 used only for admission to University of Macau. The University has the right to verify the health status of students for admission purpose. Students must submit the original medical examination report on which without the doctor's signature and the chop of the hospital or medical centre will not be regarded valid.