



PENANG MEDICAL COLLEGE

RCSI & UCD Irish Education
Global Recognition

MEDICAL REPORT ON CANDIDATE FOR ADMISSION TO MEDICAL SCHOOL

Please ask your General Practitioner to complete this form and seal it in an envelope marked "Confidential".

The envelope should be forwarded with this application.

Name of Applicant : _____

Address : _____

Doctor's Name : _____

Address : _____

Telephone : _____

How long have you known the candidate? _____

Please answer the following questions to the best of your ability :

1. Is there any significant history of mental illness?
2. Is the candidate taking any medication at present? If yes, please provide details :
3. On today's examination is there any evidence of physical or mental illness? If so, please provide details.
4. Are there any visual or hearing defects?
5. Does the candidate have any problems which, in your opinion, might interfere with his / her ability to complete the studies and examinations required to qualify in medicine?
6. **Has the applicant been immunised against Hepatitis B? Please provide evidence of Hepatitis B antigen status which will be verified by the Medical School prior to admission.**

Any additional information you wish to provide the Admission Board :-

If you feel that this report is such that it requires discussion, please arrange with the Dean of PMC via telephone +604-228 7171

Doctor's Signature : _____

Date : _____

ALL MEDICAL INFORMATION WILL BE TREATED IN STRICT CONFIDENCE

