

# PENANG MEDICAL COLLEGE

## MEDICAL REPORT ON CANDIDATE FOR ADMISSION TO MEDICAL SCHOOL

Please ask your General Practitioner to complete this form and seal it in the attached addressed 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 give details:
3. On today's examination is there any evidence of physical or mental illness: If so, please give 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 be 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 give the Admission Board:-

If you feel that Report is such that it requires discussion, please arrange with Penang Medical College (04-226 3459) to telephone the Dean of either UCD or RCSI.

Doctor's Signature: .....

Date: .....

**ALL MEDICAL INFORMATION WILL BE TREATED IN STRICT CONFIDENCE**