



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/UKA/BR49**

GENERAL ASSESSMENT FORM OMC

Date/Time					
Weight (kg)		Height (cm)		BMI	
Blood Pressure (mmHg)	Sitting		Standing		
Heart rate (min)			Vision Test	R:	L:
Resp Rate (min)			Colour Vision Test:		
Spo2(%)					
Temperature					
Random Blood Sugar (mmo/L)					
Smoking	Yes	No			
Chief complaint					
Medication	Medication	Date/Time		Signature /Stamp	

PATIENT'S STICKER: