HEALTH EXAMINATION GUIDELINES
FOR ENTRY INTO
MALAYSIAN HIGHER EDUCATIONAL INSTITUTIONS

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN **ENGLISH** LANGUAGE.
3. PLEASE WRITE IN **CAPITAL LETTERS**.
4. THIS FORM HAS 4 SECTIONS:
   a) SECTION 1 (PART A AND B) TO BE FILLED BY THE APPLICANT; AND
   b) SECTION 2,3 AND 4 TO BE FILLED BY THE EXAMINING DOCTOR
5. PLEASE COMPLETE THE ENTIRE TEST REQUIRED IN THIS FORM.
6. THE UNIVERSITY / COLLEGE ONLY ACCEPT MEDICAL EXAMINATION DONE WITHIN **90 DAYS** BEFORE ARRIVAL IN MALAYSIA.
7. PLEASE ATTACH ALL THE **ORIGINAL** LABORATORY RESULTS.
8. PLEASE BRING ALONG **CHEST X-RAY FILM (OR DIGITAL IMAGES) AND REPORT** FOR REGISTRATION, FOR THE PURPOSE OF VERIFICATION, IF NECESSARY.
9. PLEASE ENSURE THE X-RAY FILMS OR DIGITAL IMAGES ARE **LABELLED** WITH YOUR NAME AND DATE TAKEN (IN ENGLISH).
10. CHEST X-RAY DONE WITHIN **6 MONTHS PRIOR** TO REGISTRATION CAN BE ACCEPTED.
11. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REPEAT** FULL MEDICAL CHECK UP OR ANY SPECIFIC LABORATORY TESTS SHOULD THERE BE ANY DOUBT IN THE MEDICAL REPORT SUBMITTED, ALL COSTS INVOLVED SHALL BE BORNE BY THE CANDIDATES.
12. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REJECT** ANY APPLICATION:
    a) BASED ON THE RESULTS OF THE HEALTH EXAMINATION; OR
    b) SHOULD THERE BE ANY EVIDENCE THAT THE APPLICANT HAS GIVEN FALSE INFORMATION IN THE HEALTH EXAMINATION REPORT OR ANY SUPPORTING DOCUMENTS.

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 1 (PART A)

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

BLOOD GROUP (RHESUS)

NATIONALITY

CONTACT NUMBER IN MALAYSIA

DATE OF BIRTH

AGE

SEX

MARITAL STATUS

ACADEMIC YEAR

STUDENT ID

PROGRAMME OF STUDY

PROGRAMME CODE

NEXT OF KIN

NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUMBER

The details of the blood type recorded here are as reported by the patient and have not been tested or verified to be correct by the medical practitioner completing this online medical screening questionnaire. The medical practitioner completing this form disclaims any and all liability to the fullest extent permitted by law for any personal injury, suffering or loss caused by any reliance on this information by any other party.

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 1 (PART B)

Declaration of self and family illness. Explain in full if you or your immediate* family has any of the following illnesses. * Immediate family refers to mother, brothers / sisters.

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state details
	Yes	No	Yes	No	
1. Congenital or Inherited Disorder					
2. Allergy					
3. Mental Illness					
4. Fits, Stroke, Other Neurological Disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or Vascular Disease					
8. Asthma					
9. Thyroid Disease					
10. Kidney Disease					
11. Cancer					
12. History of Surgery					
13. Tuberculosis (TB)					
14. HIV / AIDS					
15. Hepatitis B					
16. Sexually Transmitted Diseases					
17. Drug Addiction					
18. Other Illnesses					

Current medication (Long Term)	

VACCINATION HISTORY (where applicable)	Yes	No	Date of Vaccination
1. Yellow Fever			
2. BCG			
3. Meningitis (Quadrivalent)			
4. Hepatitis B			
5. Polio			
6. Measles			
7. Rubella			
8. Others: (specify)			

Notes :

1. *A valid Yellow Fever vaccination certificate is required from all travellers coming from or transited more than 12 hours through countries with risk of Yellow Fever transmission.
2. All students are required to take vaccines as listed in numbers 2-7 above.
3. The students are required to bring along the International Certificate of Vaccination or Prophylaxis with them for verification of information.

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

EMGS REFERENCE NUMBER

1. BASIC MEASUREMENT

HEIGHT (m) :	WEIGHT (kg)	BMI(kg/m²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE: SYSTOLIC (mmHg)	BLOOD PRESSURE: DIASTOLIC (mmHg)

VISION TEST	NORMAL	DEFECTIVE
UNAIDED (L)		
UNAIDED (R)		
AIDED (L)		
AIDED (R)		

COLOR VISION TEST

COMMENT

HEARING ABILITY	NORMAL	DEFECTIVE
LEFT		
RIGHT		

COMMENT

2. GENERAL EXAMINATION

ITEM	YES / ABNORMAL	NO / NORMAL	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f . SKIN DISEASES			

3. SYSTEMIC EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
g. EYES (including funduscopy)			
h. EARS			
i. NOSE			
j. ORAL CAVITY / THROAT			
k. NECK			
l. CARDIOVASCULAR SYSTEM			
m. RESPIRATORY SYSTEM			
n. ABDOMEN/HERNIAL ORIFICES			
o. NERVOUS SYSTEM			
p. MENTAL STATUS			
q. MUSCULOSKELETAL SYSTEM			

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2A - PHYSICAL EXAMINATION - EBOLA

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

EMGS REFERENCE NUMBER

Have you in the last 30 days travelled to or from the following Ebola affected countries:

ITEM	YES	NO	COMMENT
Guinea			
Sierra Leone			
Liberia			
Nigeria			
Others (please specify)			

Have you in the last 30 days come into contact with someone, who has in the last 30 days, traveled to or from the following Ebola affected countries:

ITEM	YES	NO	COMMENT
Guinea			
Sierra Leone			
Liberia			
Nigeria			
Others (please specify)			

Have you in the last 30 days come into contact with Ebola infected persons or animals?

ITEM	YES	NO	COMMENT
YES/NO			

Do you have any of the following Ebola virus symptoms?

ITEM	YES	NO	COMMENT
Sudden onset of fever			
Intense weakness			
Myalgia			
Headache			
Sore Throat			
Vomiting			
Diarrhoea			
Rashes			
Haematuria			
Bloody Stool			
Internal or external bleeding			
Others (please specify)			

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 3 - LABORATORY RESULTS

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

DATE OF LAB TEST

NAME OF LAB

URINE TEST			
ITEM	**POSITIVE / ABNORMAL**	**NEGATIVE / NORMAL**	**COMMENT**
a. ALBUMIN			
b. SUGAR			
c. MICROSCOPIC EXAMINATION			
d. OPIATES (INCLUDING CODEINE, MORPHINE, HEROIN)			
e. CANNABINOIDS			
f. AMPHETAMINE TYPE STIMULANT			

BLOOD TEST			
ITEM	**POSITIVE / ABNORMAL**	**NEGATIVE / NORMAL**	**COMMENT**
a. HEPATITIS Bs ANTIGEN			
c. HIV			
d. VDRL			
d. TPHA			
e. MALARIAL PARASITES			

* TPHA is done if VDRL is reactive
** all test results / reports is valid for 6 months

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 4 - CHEST X-RAY FINDINGS

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

DATE OF CHEST X-RAY

PLACE OF CHEST X-RAY

CHEST X-RAY NO.

COMMENT

ITEM	NORMAL	ABNORMAL	COMMENT
THORACIC CAGE			
HEART SHAPE AND SIZE CTR IF APPLICABLE)			
LUNG FIELDS			
MEDIASTHNUM AND HILA			
PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES			
FOCAL LESION			
ANY OTHER ABNORMALITIES			
IMPRESSION			

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

TYPE OF APPLICATION

DATE OF CERTIFICATION

ITEM	ABNORMAL
HIV	
HEPATITIS B	
TUBERCULOSIS	
MALARIA	
TYPHOID	
SEXUALLY TRANSMITTED DISEASES	
PSYCHIATRIC DISORDERS	
EPILEPSY	
HIS/HER URINE FOR AMPHETAMINE TYPE STIMULANTS (ATS) (SCREENING TEST)	
HIS/HER URINE FOR OPEATES (SCREEENING TEST)	
HIS/HER URINE FOR CANNABINOIDS (SCREENING TEST)	
OTHERS (PLEASE SPECIFY UNDER COMMENTS)	

HEREBY THE STUDENT IS CERTIFIED AS

☐ SUITABLE ☐ UNSUITABLE

FOR STUDY IN MALAYSIA.

COMMENT

NAME OF EXAMINING DOCTOR

QUALIFICATION OF EXAMINING DOCTOR

HOSPITAL/CLINIC REGISTRATION NUMBER