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

EMAIL ADDRESS

NATIONALITY

CONTACT NUMBER IN MALAYSIA

DATE OF BIRTH

AGE

SEX

MARITAL STATUS

INSTITUTE IN MALAYSIA

ACADEMIC YEAR

COURSE OF STUDY

NEXT OF KIN

NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUMBER

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.

ITEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state details
	Yes	No	Yes	No	
1. Tuberculosis (TB)					
2. Hepatitis B					
3. Hepatitis C					
4. AIDS, HIV					
5. Opiates use/abuse					
6. Methamphetamine use/abuse					
7. Amphetamine use/abuse					
8. Cannabinoids use/abuse					
9. Congenital or inherited disorder					
10. Allergy					
11. Mental illness					
12. Epilepsy					
13. Stroke / neurological disease					
14. Diabetes Mellitus					
15. Hypertension					
16. Heart or vascular disease					
17. Asthma					
18. Thyroid disease					
19. Kidney disease					
20. Leprosy					
21. Cancer					
22. History of surgery					
23. Sexually transmitted diseases					
24. History of blood transfusion					
25. 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 (FOR EXAMINING DOCTOR)

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	NORMAL	ABNORMAL	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f . SKIN DISEASES (INCL LEPROSY)			

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. Musculoskeletal System			

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION (FOR EXAMINING DOCTOR)

4. MENTAL HEALTH ASSESSMENT

MENTAL HEALTH ASSESSMENT BY GENERAL PRACTITIONER

A.	**General Appearance**	**Untidy**	**Neat & Tidy**
B.	**Speech Quality**	**No/Abnormal**	**Yes/Normal**
	Coherent		
	Relevant		
C.	**Mood**	**Yes/Abnormal**	**No/Normal**
	Depressed*		
	Anxious		
	Irritable		
D.	**Affect**	**Inappropriate**	**Appropriate**
E.	**Thought**	**Yes/Abnormal**	**No/Normal**
	Delusion		
	Suicidality*		
F.	**Perception**	**Yes/Abnormal**	**No/Normal**
	Hallucination		
G.	**Orientation**	**No/Abnormal**	**Yes/Normal**
	Time		
	Place		
	Person		

*Note: Refer to Questionnaire. If 'Abnormal' for any of item C, E, F or G, to certify as UNSUITABLE.

QUESTIONNAIRE

PART A: MOOD

		Yes/Abnormal	No/Normal
A.	During the past month, have you been feeling down/depressed for most of the days?		
B.	During the past month, have you lost interest in doing things that you like for most of the days?		

If 'Yes' to question A or B, to tick 'Abnormal' at DEPRESSED in assessment box.

PART B: SUICIDALITY

		Yes/Abnormal	No/Normal
C.	Do you feel that life is not worth living?		
D.	Do you have any thoughts about ending your life?		

If 'Yes' to question C or D, to tick 'Abnormal' at SUICIDALITY in assessment box.

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 3 - INVESTIGATIONS

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

DATE OF LAB TEST

NAME OF LAB

URINE TEST			
ITEM	**POSITIVE**	**NEGATIVE**	**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			
b. HIV Antibody			
c. Hepatitis C Antibody			
d. Malaria Parasites			
e. VDRL			

* TPHA is done if VDRL is reactive

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 4 - CHEST X-RAY INFORMATION

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

DATE TAKEN

PLACE TAKEN

CHEST X-RAY NUMBER

COMMENT

ITEM	NORMAL	ABNORMAL	DETAILS OF ABNORMALITY
a. THORACIC CAGE			
b. HEART SHAPE AND SIZE (CTR > 0.55 AND IN FAILURE OR SIGNIFICANT CARDIOMEGALY)			
c. LUNG FIELDS			
d. MEDIASTHNUM AND HILAR REGION			
e. PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES			
f. FOCAL LESION			
g. ANY OTHER ABNORMALITIES			
h. IMPRESSION			

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (/) the appropriate box

I certify that I have on this date _____ examined

Mr. / Ms. _____

Passport Number _____ and found him/her with the following disease/condition:

TYPE OF APPLICATION

EMGS REFERENCE NUMBER

ITEM	ABNORMAL
1. Tuberculosis	
2. Hepatitis B	
3. Hepatitis C	
4. HIV	
5. Cancer	
6. Epilepsy	
7. Psychiatric Illness	
8. His/Her Urine Contains Opiates	
9. His/Her Urine Contains Amphetamine/Methamphetamine	
10. His/Her Urine Contains Cannabinoids	
11. Leprosy	
12. Malaria	
13. Sexually Transmitted Disease	
14. Others	

HEREBY THE STUDENT IS CERTIFIED AS:

SUITABLE UNSUITABLE

FOR STUDIES/COURSE IN MALAYSIA.

COMMENTS:

NAME OF DOCTOR

DATE

QUALIFICATION

HOSPITAL/CLINIC

REGISTRATION NUMBER