

FOREIGN STUDENT CONSENT, AUTHORISATION AND DECLARATION FORM

This is to confirm that I,

(Name of Foreign Student/Dependant)

Passport Number

EMGS Reference Number

hereby consent and authorise Dr

Doctor's Name

Name of clinic

to

i. carry out a medical examination on me including the testing of blood and urine and the taking of chest x-ray in compliance with the Education Malaysia Global Services' ("EMGS") medical screening requirements ; and

ii. disclose my health report / records and any other health information to EMGS, the Ministry of Education Malaysia, the Ministry of Health Malaysia, the Immigration Department of Malaysia and any other relevant authorities, as and when it is required to do so.

I also hereby confirm the following:

i. I have not taken / taken * (if taken, please specify) any medication / drugs within the last two (2) weeks; and

(a)

(b)

(c)

ii. My last menstrual period was on (DD/MM/YY) (FEMALES ONLY)

Signature or thumbprint of Foreign Student/Dependant

Date

Witnessed by:

Signature of Examining Doctor

Name of Examining Doctor

Clinic's Stamp

EDUCATION MALAYSIA GLOBAL SERVICES (986610-U)

Education Malaysia One-Stop-Centre, 20th Floor, Menara TA One, 22, Jalan P.Ramlee, 50250 Kuala Lumpur, Malaysia
Tel : +603 2782 5888 Fax: +603 2711 8533 Portal: www.educationmalaysia.gov.my