



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 ALL THE TESTS REQUIRED IN THIS FORM.
6. THE UNIVERSITY ONLY ACCEPTS 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 FILM 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 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 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.

SECTION 1

(PART B) - Please tick (✓) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses.

** Immediate family refers to father, mother, brothers / sisters*

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "YES" please state.
	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)	DATE OF VACCINATION				
1. Yellow Fever*					
2. BCG					
3. Meningitis (Quadrivalent)					
4. Hepatitis B					
5. Polio					
6. Measles					
7. Rubella					
8. Others:					

Note: 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.

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

.....
Date

.....
Signature of candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ /min
BMI : _____ kg/m ²	
VISION TEST : Unaided : (R) _____ (L) _____ Aided : (R) _____ (L) _____	COLOUR VISION TEST : NORMAL / ABNORMAL

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including fundus copy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. CARDIOVASCULAR			
g. RESPIRATORY			
h. ABDOMEN INCLUDING HERINA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

SECTION 3 - INVESTIGATIONS

URINE TEST		
ITEM	DATE TAKEN	RESULT
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. OPIATES (INCLUDING CODEIN, MORPHINE, HEROIN)		
e. CANNABIS		
f. AMPHETAMINES TYPE STIMULANT (ATS)		

BLOOD TEST		
ITEM	DATE TAKEN	RESULT
a. HEPATITIS Bs ANTIGEN		
b. HIV ANTIBODY		
c. VDRL / TPHA		
d. MALARIAL PARASITE		

* TPHA is done if VDRL is reactive

** All test results / reports is valid for 3 months

CHEST X-RAY INFORMATION	
DATE TAKEN	
CHEST X-RAY NO.	
X-RAY FACILITY	

X-RAY REPORT

	ABNORMAL	NORMAL	DETAILS OF ABNORMALITY
1. Thoracic Cage			
2. Heart Shape and Size (CTR > 0.55 and in failure OR significant cardiomegaly)			
3. Lung Fields			
4. Mediastinum and Hilar			
5. Pleura / Hemiidiaphragms / Costophrenic / Angles			

	YES	NO	DETAILS OF ABNORMALITY
6. Focal Lesions (E.g. Old / New PTB, Tumour)			
7. Any Other Abnormalities			

8. Impression

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (✓) in the appropriate box:

I certify that I have on this date _____ examined

Mr / Ms _____ Passport No. : _____

and found him / her:-

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION(S) (Please State)

UNDERGOING TREATMENT FOR: (Please State)

	YES	NO
1. HIV	<input type="checkbox"/>	<input type="checkbox"/>
2. HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
3. TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>
4. MALARIA	<input type="checkbox"/>	<input type="checkbox"/>
5. TIFOID	<input type="checkbox"/>	<input type="checkbox"/>
6. SEXUALLY TRANSMITTED DISEASES	<input type="checkbox"/>	<input type="checkbox"/>
7. PSYCHIATRIC DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
8. EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
9. OTHERS (Please specify under Comments)	<input type="checkbox"/>	<input type="checkbox"/>

I ALSO FIND THAT:

POSITIVE

NEGATIVE

- 10. His / her urine for amphetamine type stimulants (ATS) (screening test)
- 11. His / her urine for opiates (screening test)
- 12. His / her urine for cannabinoids (screening test)

HEREBY THE STUDENT IS SUITABLE / UNSUITABLE FOR STUDY (COURSE) IN MALAYSIA:

Date : _____

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Hospital / Clinic
Registration Number : _____

Official stamp : _____

Remarks by University Official :