

**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 and in CAPITAL letters.

INSTRUCTIONS TO CLINIC

1. This form has 5 sections:
 - A. Section 1 (part a) to be filled by the student; and
 - B. Section 1 (part b), 2, 3, 4 and 5 to be filled by the examining doctor.
2. Please complete all required examination / tests mentioned in this form.
3. Please attach all the original laboratory results and chest x-ray report.

INSTRUCTIONS TO STUDENT

1. This form is applicable for students who are **unable to attend Pre-arrival Health Examination** at an EMGS registered clinic outside Malaysia.
2. This form contains **7 pages**, students are required to submit all the 7 pages and attach copy of laboratory results and chest x-ray report for EMGS to process student pass application.
3. It is recommended for all students to attend Pre-arrival Health Examination at an EMGS registered overseas clinic as the benefits are:
 - A. Medical Examination Report will be submitted online through STARS Medical Screening System.
 - B. Clinic's turnaround time will be monitored by EMGS to ensure the health examination is completed in 4 working days.
 - C. EMGS registered clinics and the Doctors are audited by EMGS to ensure they are adhering to the EMGS policies and standard operating procedures.
4. It is **mandatory** for all students to attend **Post-arrival Health Examination** at an EMGS registered clinic in Malaysia.
5. It is recommended for students to bring the original copies of documents such as the x-ray and laboratory reports from their home country for verification upon request by EMGS or the institution. The X-ray film attached to the report must have the details of the student and date taken on it (clearly written in English).
6. EMGS and/or the Education Institution reserves the right to repeat the full health examination or any specific laboratory test should there be any doubt in the medical report submitted. All costs involved shall be borne by the student.
7. EMGS and/or the Education Institution reserves the right to reject any application based on:
 - A. The results of the health examination; or
 - B. Should there be any evidence that the student has given false information in the health examination report or supporting documents.

I hereby acknowledge that I have read and agree to comply with the "INSTRUCTIONS TO STUDENT" as stated above.

Name of Student (As In Passport):

(.....)
Student's Signature

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:

- *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.
- All students are required to take vaccines as listed in numbers 2-7 above.
- 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/m ²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE:	
				SYSTOLIC (mmHg)	DIASTOLIC (mmHg)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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VISION TEST NORMAL DEFECTIVE

UNAIDED (L)

UNAIDED (R)

AIDED (L)

AIDED (R)

COLOR VISION TEST

COMMENT

HEARING ABILITY NORMAL DEFECTIVE

COMMENT

LEFT

RIGHT

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 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			
b. HIV			
c. 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			
MEDIASTINUM 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 DISEASE	
CANCER	
EPILEPSY	
PSYCHIATRIC ILLNESS	
HIS/HER URINE CONTAINS OPIATES	
HIS/HER URINE CONTAINS CANNABINOIDS	
HIS/HER URINE CONTAINS AMPHETAMINE-TYPE STIMULANT	
EBOLA	
OTHERS	

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