HEALTH EXAMINATION GUIDELINES FOR STUDENT PASS / DEPENDANT PASS ISSUANCE IN MALAYSIA

(Required by the Government of Malaysia)

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.

2. PLEASE FILL IN THE FORM IN THE **ENGLISH** LANGUAGE.

3. PLEASE WRITE IN **CAPITAL LETTERS**.

4. THIS FORM HAS 4 SECTIONS:

   (a) SECTION 1 (PART A AND B) TO BE COMPLETED BY THE APPLICANT & ALL FIELDS ARE MANDATORY; AND

   (b) SECTION 2, 3 AND 4 TO BE COMPLETED BY THE EXAMINING DOCTOR AT THE CLINIC/HOSPITAL DULY APPOINTED BY EMGS

5. PLEASE COMPLETE ALL THE TESTS REQUIRED IN THIS FORM.

6. MEDICAL EXAMINATIONS REPORT COMPLETION AND SUBMISSION REQUIREMENTS

   THIS REPORT MUST TO BE COMPLETED **WITHIN 7 WORKING DAYS** FROM THE DATE OF ENTRY FOR ONWARDS SUBMISSION OF COMPLETE REPORT TO EMGS BY THE CLINIC/HOSPITAL **WITHIN 4 WORKING DAYS** THEREAFTER.

7. PLEASE ENSURE THE **CHEST X-RAY** FILM IS **LABELLED** WITH YOUR NAME AND DATE TAKEN (IN ENGLISH).

8. EMGS RESERVES THE RIGHT TO REQUEST FOR A REPEAT COMPLETE 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 STUDENTS AND THE DEPENDANTS. IN THE EVENT OF FAILING THE MEDICAL EXAMINATION, NO REFUND IS PAYABLE.

9. THE RESULTS OF THE HEALTH EXAMINATION WILL BE USED BY EMGS AND/OR THE EMGS APPOINTED INSURANCE COMPANIES IN CONCLUDING THE HEALTH INSURANCE COVERAGE WHICH HAS BEEN CONDITIONALLY OFFERED TO STUDENT/DEPENDANT WITH EFFECT FROM THE DATE OF ENTRY, SUBJECT TO REVIEW AND ACCEPTANCE OF THIS HEALTH EXAMINATION REPORT.

10. EMGS AND/OR THE EMGS APPOINTED INSURANCE COMPANIES RESERVE THE RIGHT TO REVOKE THE HEALTH INSURANCE CONDITIONALLY OFFERED TO STUDENT OR DEPENDANT IF THERE IS EVIDENCE THAT THE STUDENT/DEPENDANT HAS GIVEN FALSE INFORMATION IN THE HEALTH EXAMINATION REPORT OR ANY SUPPORTING DOCUMENTS.

    THIS MAY ALSO TRIGGER THE REVOCATION OF STUDENT/DEPENDANT PASS/VISA ISSUED BY THE IMMIGRATION OF MALAYSIA.

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS/DEPENDANTS

Passport size photo

IMPORTANT: PLEASE USE CAPITAL LETTERS

SECTION 1

(To be completed by APPLICANT and all fields are ***MANDATORY***)

(PART A)

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

NATIONALITY

CONTACT NUMBER IN MALAYSIA

EMAIL ADDRESS

DATE OF BIRTH

D D M M Y Y

AGE

SEX

MALE	
FEMALE	

MARITAL STATUS

SINGLE	
MARRIED	

CORESPONDING ADDRESS IN MALAYSIA

ACADEMIC YEAR

MONTH

COURSE AND ACADEMIC DEPARTMENT / SCHOOL

NEXT OF KIN

NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUMBER

SECTION 1

(PART B) – Please tick (√) in the relevant box.

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 father, mother, brothers / sisters

MEDICAL HISTORY	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. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illnesses					

If on any medication, please state below:

_____

_____

_____

IMMUNISATION HISTORY (where applicable)	Yes	No	Date of last immunization
1. Yellow Fever			
2. BCG			
3. Meningitis (Quadrivalent)			
4. Hepatitis B			
5. Others:			

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 student/dependant

SECTION 2 - PHYSICAL EXAMINATION

(To be completed by EXAMINING DOCTOR)

EMGS Reference Number:

Has the Consent Letter been signed by the foreign student/dependant? YES / NO
Has the Letter of Undertaking been signed by the foreign student/dependant? YES / NO

1. GENERAL EXAMINATION

HEIGHT :	m	BLOOD PRESSURE	
WEIGHT:	kg	SYSTOLIC:	mmHg
PULSE RATE:	per minute	DIASTOLIC:	mmHg

VISION TEST

		Normal	Defective
Unaided	L		
	R		
Aided	L		
	R		

COLOUR VISION TEST:

NORMAL / ABNORMAL

2. GENERAL EXAMINATION

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

3. SYSTEMIC EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including funduscopy)			
b. EARS/HEARING ABILITY			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL STATUS			
k. MUSCULOSKELETAL SYSTEM			
L. ANAESTHETIC SKIN PATCH			
m. LYMPH NODE ENLARGEMENT			
n. GENITOURINARY SYSTEM			

SECTION 3 - MEDICAL EXAMINATIONS
(To be completed by EXAMINING DOCTOR)

URINE TEST			
ITEM	**POSITIVE/ ABNORMAL**	**NEGATIVE/ NORMAL**	**COMMENT**
a. ALBUMIN			
b. SUGAR			
c. MICROSCOPIC EXAMINATION			
d. MORPHINE			
e. CANNABIS			
f. AMPHETAMINE-TYPE STIMULANT			

BLOOD TEST			
ITEM	**POSITIVE/ ABNORMAL**	**NEGATIVE/ NORMAL**	**COMMENT**
a. HEPATITIS Bs ANTIGEN			
b. HEPATITIS C ANTIBODY			
c. HIV			
d. VDRL / TPHA			
e. MALARIA PARASITE			
f. SERUM CREATININE			

CHEST X-RAY INFORMATION	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
Comments (if any)	

DESCRIPTION	**NORMAL**	**ABNORMAL**
1. Thoracic cage		
2. Heart shape and size (CTR if applicable)		
3. Lung fields		
4. Mediastinum and hila		
5. Pleura/Hemidiaphragms/Costophrenic Angles		
6. Focal Lesion (e.g: old/new PTB, malignancy)		
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

EMGS's Reference No …… and in my opinion, the applicant:

☐ IS IN GOOD HEALTH AND SUITABLE TO STUDY OR TO RESIDE IN MALAYSIA

☐ IS NOT IN GOOD HEALTH BUT CAN BE CERTIFIED SUITABLE TO STUDY OR TO RESIDE IN MALAYSIA as he/she has given the undertaking to undergo the relevant medical treatment at his/her own cost for (Please state)

_____

_____

_____

For record purposes:

I have on date _____communicated to the Applicant [with his/her presence at the clinic OR via phone call]* of his/her medical conditions and the required medical treatment.

The Applicant has confirmed to choose to remain in Malaysia and he/she has given the abovementioned undertaking.

* Delete as appropriate

☐ IS NOT IN GOOD HEALTH AND/OR UNSUITABLE TO STUDY OR TO RESIDE IN MALAYSIA due to (Please state)

_____

_____

_____

Date : _____

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Hospital / Clinic

Registration Number : _____

Official stamp :

_____

Note: In completing this form, particular attention should be paid to the following points:

i. In the event of the albumin level being 3+ from the urine test, the laboratory and the examining doctor shall ensure that a further blood test be conducted to test for abnormal serum creatinine levels prior to the examining doctor concluding whether the student or dependant is suitable to study and/or to reside in Malaysia.

ii. The conclusion shall only be drawn after taking into consideration the guidelines issued by MOHE/MOH as communicated by EMGS.

FOR INTERNAL USE ONLY (TO BE COMPLETED BY EMGS)

(A) Review of MER

1st Level Review

Completed by: Date:

Proposed conclusion: ☐ MER – Satisfactory, pending 2nd Level review

☐ MER – Unsatisfactory, pending 2nd Level review

Remarks (if any):

2nd Level Review

Completed by: Date:

Conclusion: ☐ MER - Satisfactory

☐ MER - Unsatisfactory

Remarks (if any):

(B) Audit Review

Completed by: Date:

Remarks (if any):
