

**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
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 / COLLEGE ONLY ACCEPTS MEDICAL EXAMINATION DONE WITHIN 60 DAYS BEFORE REGISTRATION
7. PLEASE ATTACH ALL THE ORIGINAL LABORATORY RESULTS
8. PLEASE BRING ALONG CHEST X-RAY FILM AND REPORT FOR REGISTRATION
9. PLEASE ENSURE THE X-RAY FILM IS 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

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

Current medication (Long term)

IMMUNIZATION HISTORY (where applicable)	DATE IMMUNIZED				
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 candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
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 funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA 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. MORPHINE		
e. CANNABIS		
f. AMPHETAMINES TYPE STIMULANT		

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

CHEST X-RAY INFORMATION	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
REPORT	

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)

Date _____

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Hospital / Clinic : _____

Registration Number : _____

Official stamp : _____

Remarks By University/College Official :

Appendix C

Health Requirements for International Students to Enter Malaysia

(1) Communicable Diseases

	Type of Diseases/Conditions	Example	Action to be Taken Based on Time of Detection	
			Commencing Studies	During Studies
1	<input type="checkbox"/> Infectious <input type="checkbox"/> Expected difficulties to cure in the long term <input type="checkbox"/> High cost of treatment	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Cannot be accepted to register as a student	Permitted to continue studies on condition: <ul style="list-style-type: none"> <input type="checkbox"/> Student is willing to pay for the relevant treatment for himself (Outside Scheme) <input type="checkbox"/> Permitted to continue studies for the current course only <input type="checkbox"/> Permitted to delay studies < 2 Semesters only (if necessary)
2	<input type="checkbox"/> Infectious <input type="checkbox"/> Expected to be cured within a certain period of time	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Delay registration until treatment is complete (< 2 Semesters) <input type="checkbox"/> Certification from attending doctor is required	<input type="checkbox"/> Permitted to continue studies <input type="checkbox"/> Permitted to delay studies (if necessary) < 2 Semesters only
3	<input type="checkbox"/> Infectious <input type="checkbox"/> Expected to be cured within a short amount of time	<input type="checkbox"/> Malaria <input type="checkbox"/> Typhoid <input type="checkbox"/> Syphilis (VDRL)	<input type="checkbox"/> Can be accepted to register as a Student <input type="checkbox"/> Must undergo treatment <input type="checkbox"/> Expenses is covered by Health Scheme	<input type="checkbox"/> Permitted to continue studies <input type="checkbox"/> Permitted to take leave (if necessary) < 2 weeks only <input type="checkbox"/> Treatment is covered by Health Scheme
4	Diseases declared as an epidemic by the Malaysian Ministry of Health	<input type="checkbox"/> Japanese Encephalitis <input type="checkbox"/> SARS <input type="checkbox"/> Avian Flu	<input type="checkbox"/> Cannot be accepted to register as a Student	<input type="checkbox"/> Refer to the policies and latest circulars by the Malaysian Government and WHO

(2) Non-Infectious Chronic Diseases

	Type of Diseases/Conditions	Example	Action to be Taken Based on Time of Detection	
			Commencing Studies	During Studies
1	<input type="checkbox"/> Onset of disease that could endanger oneself and others <input type="checkbox"/> Repeated onsets and affect/compromise studies	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Schizophrenia	Need a report from tending specialist. Can be accepted to register if: <ul style="list-style-type: none"> <input type="checkbox"/> No Symptoms > 12 months; and <input type="checkbox"/> No longer in treatment; or <input type="checkbox"/> On treatment < RM100 /month; or <input type="checkbox"/> On treatment > RM100/month but agrees to pay own cost of treatment 	Continue studies if: <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms do not compromise/affect studies; and <input type="checkbox"/> Cost of treatment < RM100 /month; or <input type="checkbox"/> Cost of treatment > RM100/month but agrees to pay own cost of treatment <input type="checkbox"/> Permitted to continue study on current course only
2	<input type="checkbox"/> Expected to prolong in the long term <input type="checkbox"/> Obvious and serious symptoms <input type="checkbox"/> Long treatment schedule	<input type="checkbox"/> Dialysis <input type="checkbox"/> Cancer	Cannot be accepted to register as a student	Continue studies if: <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms do not affect/compromise studies; and <input type="checkbox"/> Student agrees to pay for own cost of treatment
3	<input type="checkbox"/> Addiction that goes against AUKU or the laws of the country	<input type="checkbox"/> Drugs	Cannot be accepted to register as a student	<input type="checkbox"/> To end studies
4	<input type="checkbox"/> Required continuous medication <input type="checkbox"/> No serious symptom <input type="checkbox"/> Treatment does not interrupt studies	<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> D'Mellitus	Accepted if: <ul style="list-style-type: none"> <input type="checkbox"/> Treatment does not affect/compromises studies <input type="checkbox"/> Cost of treatment < RM100/month; or <input type="checkbox"/> Cost of treatment > RM100/month but agrees to pay own cost of treatment 	Continue with studies if: <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms does not compromise studies; and <input type="checkbox"/> Cost of treatment < RM100 /month; or <input type="checkbox"/> Cost of treatment > RM100/month but agrees to pay own cost of treatment