

## **HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS** SECTION 2A - PHYSICAL EXAMINATION - EBOLA

FULL NAME (AS IN PASSPORT)				
NTERNATIONAL PASSPORT NU	MBER	TYPE OF APPLICATION		
DATE OF MEDICAL SCREENING		EI	REFERENCE NUMBER	
Have you in the last 30 days trave	elled to or from th	NO	bola affected countries:	
Guinea	ng fin Rouge of the State Landscontract to see			
Sierra Leone				
Liberia	ligiliya Destek Kenemanan	Contractor de la contra		
Nigeria				
Others (please specify)				
lave you in the last 30 days come ollowing Ebola affected countries	e into contact wit	h someone, v	who has in the last 30 days, traveled to or from the	
ITEM	YES	NO	COMMENT	7070
Guinea	1	The sale and sale show the sales and sale and all sales (0.07 feet 20.07 feet		
Sierra Leone				
Liberia				
Nigeria				
Others (please specify)				
lave you in the last 30 days come	into contact with	h Ebola infec	ted persons or animals?	
ITEM	YES	NO	COMMENT	
YES/NO				
o you have any of the following	Ebola virus symp	toms?		
ITEM	YES	NO	COMMENT	
Sudden onset of fever				
Intense weakness				
Myalgia		_		
Headache				
Sore Throat				
Vomiting				
Diarrhoea				
Rashes				
Haematuria				
Bloody Stool				11
				/
Internal or external bleeding			The second secon	Si Si

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