

# 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	NIL
HEPATITIS B	NIL
TUBERCULOSIS	NIL
MALARIA	NIL
TYPHOID	NIL
SEXUALLY TRANSMITTED DISEASES	NIL
PSYCHIATRIC DISORDERS	NIL
EPILEPSY	NIL
HIS/HER URINE FOR AMPHETAMINE TYPE STIMULANTS (ATS) (SCREENING TEST)	NIL
HIS/HER URINE FOR OPEATES (SCREENING TEST)	NIL
HIS/HER URINE FOR CANNABINOIDS (SCREENING TEST)	NIL
OTHERS (PLEASE SPECIFY UNDER COMMENTS)	NIL

HEREBY THE STUDENT IS CERTIFIED AS

☒ SUITABLE ☐ UNSUITABLE

FOR STUDY IN MALAYSIA.

COMMENT

Suitable

NAME OF EXAMINING DOCTOR

Yousa Mohammed Hsein

QUALIFICATION OF EXAMINING DOCTOR

Medical officer

HOSPITAL/CLINIC REGISTRATION NUMBER

International Center For medical investigation

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