Education MALAYSIA

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2A - PHYSICAL EXAMINATION - EBOLA

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

EMGS REFERENCE NUMBER

Have you in the last 30 days travelled to or from the following Ebola affected countries:

ITEM	YES	NO	COMMENT
Guinea		✓	
Sierra Leone		✓	
Liberia		✓	
Nigeria		✓	
Others (please specify)		✓	

Have you in the last 30 days come into contact with someone, who has in the last 30 days, traveled to or from the following Ebola affected countries:

ITEM	YES	NO	COMMENT
Guinea		✓	
Sierra Leone		✓	
Liberia		✓	
Nigeria		✓	
Others (please specify)		✓	

Have you in the last 30 days come into contact with Ebola infected persons or animals?

ITEM	YES	NO	COMMENT
YES/NO			

Do you have any of the following Ebola virus symptoms?

ITEM	YES	NO	COMMENT
Sudden onset of fever		✓	
Intense weakness		✓	
Myalgia		✓	
Headache		✓	
Sore Throat		✓	
Vomiting		✓	
Diarrhoea		✓	
Rashes		✓	
Haematuria		✓	
Bloody Stool		✓	
Internal or external bleeding		✓	
Others (please specify)		✓	

ICMI International Center For Medical Investigation