

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

EMGS REFERENCE NUMBER

1. BASIC MEASUREMENT

HEIGHT (m) :	WEIGHT (kg)	BMI(kg/m ²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE:	
				SYSTOLIC (mmHg)	DIASTOLIC (mmHg)
190 cm	81 kg		68/min	138	68

VISION TEST	NORMAL	DEFECTIVE	COLOR VISION TEST	Normal
UNAIDED (L)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMMENT	
UNAIDED (R)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AIDED (L)	<input type="checkbox"/>	<input type="checkbox"/>		
AIDED (R)	<input type="checkbox"/>	<input type="checkbox"/>		

HEARING ABILITY	NORMAL	DEFECTIVE	COMMENT
LEFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RIGHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

2. GENERAL EXAMINATION

ITEM	YES / ABNORMAL	NO / NORMAL	COMMENT
a. DEFORMITIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. PALLOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. CYANOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. OEDEMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

3. SYSTEMIC EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
g. EYES (including funduscopy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. NOSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. ORAL CAVITY / THROAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. CARDIOVASCULAR SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. RESPIRATORY SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n. ABDOMEN/HERNIAL ORIFICES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o. NERVOUS SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
p. MENTAL STATUS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
q. MUSCULOSKELETAL SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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