

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS SECTION 1 (PART B)

Declaration of self and family illness. Explain in full if you or your immediate* family has any of the following illnesses. * Immediate family refers to mother, brothers / sisters.

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state details
	Yes	No	Yes	No	35 piodos stato detalis
Congenital or Inherited Disorder		0			10 To
2. Allergy		V			
3. Mental Illness		_		_	
4. Fits, Stroke, Other Neurological Disease		~		/	
5. Diabetes Mellitus	170 200			PORTRE BERTHA	
6. Hypertension		-			
7. Heart or Vascular Disease		/		-	
8. Asthma				-	
9. Thyroid Disease				_	
10. Kidney Disease					
11. Cancer		_			
12. History of Surgery			建设资金	The Court	
13. Tuberculosis (TB)		/			The structure of the state of t
14. HIV / AIDS				-	
15. Hepatitis B					200-200-200-000 (A) (200-200-000-000-000-000-000-000-000-000
16. Sexually Transmitted Diseases		-		李 春春	
17. Drug Addiction		/			
18. Other Illnesses	(4) (4) (B)				

Current medication (Long Term)

VACCINATION HISTORY (where applicable)	Yes	No	Date of Vaccination
Yellow Fever			
2. BCG			
3. Meningitis (Quadrivalent)			
4. Hepatitis B			
5. Polio	TELEPO AND CLEEK DO ALL MODERNINGS, UNI		
6. Measles		955	
7. Rubella			
8. Others: (specify)			

Notes

- 1. *A valid Yellow Fever vaccination certificate is required from all travellers coming from or transited more than 12 hours through countries with risk of Yellow Fever transmission.
- 2. All students are required to take vaccines as listed in numbers 2-7 above.
- 3. The students are required to bring along the International Certificate of Vaccination or Prophylaxis with them for verification of information

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