

**HEALTH EXAMINATION GUIDELINES
FOR ENTRY INTO
MALAYSIAN HIGHER EDUCATIONAL INSTITUTIONS**

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN **ENGLISH** LANGUAGE.
3. PLEASE WRITE IN **CAPITAL LETTERS**.
4. THIS FORM HAS 4 SECTIONS:
 - a) SECTION 1 (PART A AND B) TO BE FILLED BY THE APPLICANT; AND
 - b) SECTION 2,3 AND 4 TO BE FILLED BY THE EXAMINING DOCTOR
5. PLEASE COMPLETE THE ENTIRE TEST REQUIRED IN THIS FORM.
6. THE UNIVERSITY / COLLEGE ONLY ACCEPT MEDICAL EXAMINATION DONE WITHIN **90 DAYS** BEFORE ARRIVAL IN MALAYSIA.
7. PLEASE ATTACH ALL THE **ORIGINAL** LABORATORY RESULTS.
8. PLEASE BRING ALONG **CHEST X-RAY FILM (OR DIGITAL IMAGES) AND REPORT** FOR REGISTRATION, FOR THE PURPOSE OF VERIFICATION, IF NECESSARY.
9. PLEASE ENSURE THE X-RAY FILMS OR DIGITAL IMAGES ARE **LABELLED** WITH YOUR NAME AND DATE TAKEN (IN ENGLISH).
10. CHEST X-RAY DONE WITHIN **6 MONTHS PRIOR** TO REGISTRATION CAN BE ACCEPTED.
11. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REPEAT** FULL MEDICAL CHECK UP OR ANY SPECIFIC LABORATORY TESTS SHOULD THERE BE ANY DOUBT IN THE MEDICAL REPORT SUBMITTED, ALL COSTS INVOLVED SHALL BE BORNE BY THE CANDIDATES.
12. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REJECT** ANY APPLICATION:
 - a) BASED ON THE RESULTS OF THE HEALTH EXAMINATION; OR
 - b) SHOULD THERE BE ANY EVIDENCE THAT THE APPLICANT HAS GIVEN FALSE INFORMATION IN THE HEALTH EXAMINATION REPORT OR ANY SUPPORTING DOCUMENTS.

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 1 (PART A)

FULL NAME (AS IN PASSPORT)

ZEESHAN QADIR

INTERNATIONAL PASSPORT NUMBER

BG0201652

BLOOD GROUP (RHESUS)

B +VE

NATIONALITY

PAKISTANI

CONTACT NUMBER IN MALAYSIA

0060174154867

DATE OF BIRTH

03/03/1988

AGE

28 YEARS

SEX

MALE

MARITAL STATUS

SINGLE

ACADEMIC YEAR

2017-2018

STUDENT ID

BG0201652

PROGRAMME OF STUDY

MASTER OF SCIENCE IN MECHANICAL ENGINEERING

PROGRAMME CODE

NEXT OF KIN

PARAS QADIR

NEXT OF KIN'S ADDRESS

MUHALLA LOHAR NEAR PRIMARY SCHOOL
THERHI (HABIBABAD) TALUKA & DISTRICT
KHAIRPUR MIR'S

NEXT OF KIN'S CONTACT NUMBER

03337597030

The details of the blood type recorded here are as reported by the patient and have not been tested or verified to be correct by the medical practitioner completing this online medical screening questionnaire. The medical practitioner completing this form disclaims any and all liability to the fullest extent permitted by law for any personal injury, suffering or loss caused by any reliance on this information by any other party.

EDUCATION MALAYSIA GLOBAL SERVICES (986610-U)

Education Malaysia One-Stop-Centre, 20th Floor, Menara TA One, 22, Jalan P.Ramlee, 50250 Kuala Lumpur, Malaysia
Tel: +603 2782 5888 Fax: +603 2711 8533 Portal: www.educationmalaysia.gov.my

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	
1. Congenital or Inherited Disorder		✓		✓	
2. Allergy		✓		✓	
3. Mental Illness		✓		✓	
4. Fits, Stroke, Other Neurological Disease		✓		✓	
5. Diabetes Mellitus		✓		✓	
6. Hypertension		✓		✓	
7. Heart or Vascular Disease		✓		✓	
8. Asthma		✓		✓	
9. Thyroid Disease		✓		✓	
10. Kidney Disease		✓		✓	
◆ 11. Cancer		✓		✓	
12. History of Surgery		✓			
13. Tuberculosis (TB)		✓		✓	
14. HIV / AIDS		✓		✓	
15. Hepatitis B		✓		✓	
16. Sexually Transmitted Diseases		✓			
17. Drug Addiction		✓			
18. Other Illnesses		✓			

Current medication (Long Term)

VACCINATION HISTORY (where applicable)	Yes	No	Date of Vaccination
1. Yellow Fever			
◆ 2. BCG			07/03/1988
3. Meningitis (Quadrivalent)			18/03/1988
4. Hepatitis B			30/08/1999
5. Polio			17/08/1992
6. Measles			26/12/1988
7. Rubella			25/01/1989
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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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION

FULL NAME (AS IN PASSPORT)

ZEESHAN QADIR

INTERNATIONAL PASSPORT NUMBER

BG0201652

TYPE OF APPLICATION

RESEARCH MODE

DATE OF MEDICAL SCREENING

25/08/2016

EMGS REFERENCE NUMBER

1. BASIC MEASUREMENT

HEIGHT (m) :	WEIGHT (kg)	BMI(kg/m ²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE:	
				SYSTOLIC (mmHg)	DIASTOLIC (mmHg)
1.778	66	20.9	74	120	80

VISION TEST

NORMAL

DEFECTIVE

UNAIDED (L)

✓

UNAIDED (R)

✓

AIDED (L)

✓

AIDED (R)

✓

COLOR VISION TEST

COMMENT

Normal
completely ok.

HEARING ABILITY

NORMAL

DEFECTIVE

COMMENT

LEFT

✓

RIGHT

✓

2. GENERAL EXAMINATION

ITEM	YES / ABNORMAL	NO / NORMAL	COMMENT
a. DEFORMITIES		✓	
b. PALLOR		✓	
c. CYANOSIS		✓	
d. JAUNDICE		✓	
e. OEDEMA		✓	
f. SKIN DISEASES		✓	

3. SYSTEMIC EXAMINATION

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

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2A - PHYSICAL EXAMINATION - EBOLA

FULL NAME (AS IN PASSPORT)

ZEESHAN QADIR

INTERNATIONAL PASSPORT NUMBER

BG0201652

TYPE OF APPLICATION

RESEARCH MODE

DATE OF MEDICAL SCREENING

29/08/2016

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)		✓	

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 3 - LABORATORY RESULTS

FULL NAME (AS IN PASSPORT)

ZEESHAN QADIR

INTERNATIONAL PASSPORT NUMBER

BG0201652

EMGS REFERENCE NUMBER

DATE OF LAB TEST

29-08-2016

NAME OF LAB

MEHRAN LABORTORY / AKUH KARACHI

URINE TEST

ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a. ALBUMIN		✓	
b. SUGAR		✓	
c. MICROSCOPIC EXAMINATION		✓	
d. OPIATES (INCLUDING CODEINE, MORPHINE, HEROIN)		✓	
e. CANNABINOIDS		✓	
f. AMPHETAMINE TYPE STIMULANT		✓	

BLOOD TEST

ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a. HEPATITIS Bs ANTIGEN		✓	
c. HIV		✓	
d. VDRL		✓	
d. TPHA		✓	
e. MALARIAL PARASITES		✓	

* TPHA is done if VDRL is reactive

** all test results / reports is valid for 6 months

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 4 - CHEST X-RAY FINDINGS

FULL NAME (AS IN PASSPORT)

ZEESHAN QADIR

INTERNATIONAL PASSPORT NUMBER

BG0201652

EMGS REFERENCE NUMBER

DATE OF CHEST X-RAY

29/08/2016

PLACE OF CHEST X-RAY

KHAIRRPUR

CHEST X-RAY NO.

COMMENT

ITEM	NORMAL	ABNORMAL	COMMENT
THORACIC CAGE	✓		
HEART SHAPE AND SIZE CTR IF APPLICABLE)	✓		
LUNG FIELDS	✓		
MEDIASTHNUM AND HILA	✓		HILA Not-prominent
PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES	✓		Not Present.
FOCAL LESION	✓		
ANY OTHER ABNORMALITIES	✓		Not Seen.
IMPRESSION	✓		

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR

FULL NAME (AS IN PASSPORT)

ZEESHAN QADIR

INTERNATIONAL PASSPORT NUMBER

BG0201652

EMGS REFERENCE NUMBER

TYPE OF APPLICATION

RESEARCH MODE

DATE OF CERTIFICATION

29/08/2016

ITEM

ABNORMAL

HIV

Non-Reactive

HEPATITIS B

Non-Reactive

TUBERCULOSIS

Negative

MALARIA

Negative

TYPHOID

Negative

SEXUALLY TRANSMITTED DISEASES

Negative

PSYCHIATRIC DISORDERS

Absent

EPILEPSY

Absent

HIS/HER URINE FOR AMPHETAMINE TYPE

—

STIMULANTS (ATS) (SCREENING TEST)

—

HIS/HER URINE FOR OPEATES (SCREENING TEST)

—

HIS/HER URINE FOR CANNABINOIDS (SCREENING TEST)

—

OTHERS (PLEASE SPECIFY UNDER COMMENTS)

HEREBY THE STUDENT IS CERTIFIED AS



SUITABLE

UNSUITABLE

FOR STUDY IN MALAYSIA.

COMMENT

He is medically found fit and ready to travel in
for Malaysia or anywhere.

NAME OF EXAMINING DOCTOR

Dr Saifur Rehman

DR. SAIF-UR-REHMAN

Medical Officer Incharge

O.P.D, POLY CLINIC

SUKKUR

QUALIFICATION OF EXAMINING DOCTOR

MBBS RMP

HOSPITAL CLINIC REGISTRATION NUMBER

SESS1 Dispensing S11447

29160-S

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