



UNIVERSITY MEDICAL CENTRE

**INTERNATIONAL STUDENT MEDICAL
EXAMINATION FORM**

**University Medical Centre
Universiti Malaysia Terengganu
21030 Kuala Nerus, Terengganu Darul Iman**

Matric Number

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**UNIVERSITI MALAYSIA TERENGGANU
UNIVERSITY MEDICAL CENTRE
HEALTH EXAMINATION GUIDELINES**

1. Please read the instructions carefully before filling in the form.
2. Please complete the form in the **English** Language.
3. Please write in **CAPITAL LETTERS**.
4. This form has 6 sections:
 - a. **Section 1, 2 and 3 (Part A and Part B) are to be completed by the applicant.** All fields are mandatory.
 - b. **Section 3 (Part C and Part D) and 4 are to be completed by the examining doctor** at the University Medical Centre or UMT-Authorized Medical Centres (For UMTSEA Recruitment Only).
5. **Please complete all the tests required** in this form.
6. **Medical Examinations Report completion and Submission Requirements:**
This report must be completed within **seven (7)** working days from the date of entry. The completed report must then be submitted to EMGS by the clinic/ hospital within **four (4)** working days thereafter.
7. Please ensure the Chest X-ray film is labelled with your Name and the Date taken (in English).
8. UMT/EMGS reserves the right to request for a repeat or additional Medical Check-Up, including specific laboratory tests, should there be any doubt regarding the submitted Medical Report. **ALL COSTS INVOLVED SHALL BE BORNE BY THE STUDENT.** In the event of failure in the Medical Examination, no refund shall be payable.
9. The Results of the Health Examination will be used by UMT/EMGS and/or the UMT/EMGS-appointed insurance companies to determine the Health Insurance coverage conditionally offered to the student with effect from the date of entry, subject to review and acceptance of this Health Examination Report.
10. UMT/EMGS and/or the UMT/EMGS-appointed insurance companies reserve the right to revoke the health insurance conditionally offered to the student if **there is evidence that false information has been provided in the Health Examination Report or any supporting documents.**

This may also result in the revocation of the student visa issued by the Immigration Department of Malaysia.

Matric Number

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SECTION 1

	<p style="text-align: center;">UNIVERSITI MALAYSIA TERENGGANU UNIVERSITY MEDICAL CENTRE STUDENTS CONSENT AUTHORISATION AND DECLARATION FORM</p>
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This is to confirm that I, _____
(Name of International Student as in Passport)

Passport Number _____ hereby

irrevocably consent and authorize Dr. _____
(Doctor's Name)

of Pusat Kesihatan Universiti, Universiti Malaysia Terengganu or UMT-Authorized Medical Centers

(Attachment 1): _____ (For UMTSEA Recruitment Only) to:-
(Name of Clinic)

- i. carry out a medical examination on me including the testing of blood and urine and the taking of chest x-ray in compliance with the 'Education Malaysia Global Services' (EMGS), medical screening requirements and
- ii. disclose my health report/ records and any other health information to UMT/EMGS, the Ministry of Higher Education, the Ministry of Health, the Immigration Department of Malaysia and any other relevant authorities, as and when it is required to do so.

I also hereby confirm the following:

- i. I have not taken/ taken *(If taken, please specify) any medication/drugs within the last two (2) weeks and (a) _____ (b) _____ (c) _____
- ii. My last menstrual period was on ___/ ___/ ___ (DD/MM/YY) (FEMALES ONLY)

Witnessed by:

Signature of International Student

Signature of Examining Doctor

Date: ___/ ___/ ___

Stamp:

Date: ___/ ___/ ___

Matric Number

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SECTION 2



To:

- i. Education Malaysia Global Services
- ii. Universiti Malaysia Terengganu

Date: _____

Student's Name: _____

Passport Number: _____ Matric Number : _____

Correspondence Address: _____

Telephone Number (Home): _____ (H/P): _____

Email: _____

I declare that in the event I should be diagnosed with any condition that does not require my removal from the country but requires medical treatment and I choose to remain in Malaysia to continue my studies I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that UMT/EMGS shall not be responsible in any manner of whatsoever, arising out of UMT/EMGS certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold UMT/EMGS harmless from any loss or liability arising from this decision and agree to indemnify and keep UMT/EMGS from any loss or liability arising from this decision.

Witnessed by:

Signature of International Student

Signature of Examining Doctor

Date: ___/ ___/ ___

Stamp:

Date: ___/ ___/ ___

PART B – DECLARATION SELF AND FAMILY ILLNESS

Please tick (✓) in the relevant box. Explain in full if you or your family has any of the following illnesses.

*Immediate family refers to father, mother, brothers/sisters

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state
	Yes	No	Yes	No	
1.Cogential 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. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illnesses					

Current medication (Long term) _____

IMMUNIZATION HISTORY (where applicable)	DATE IMMUNIZED				
1. Yellow Fever					
2. BCG					
3. Meningitis (Quadrivalent)					
4. Hepatitis B					
5. Other:					

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

 Signature of International Student

 Date

PART D - INVESTIGATION

To be filled by examining doctor

1. URINE TEST		
ITEM	DATE TAKEN	RESULT
a. ABLUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE		
e. CANNABIS		
f. AMPHETAMINES TYPE STIMULANT		

2. BLOOD TEST		
ITEM	DATE TAKEN	RESULT
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS C		
c. HIV		
d. VDRL/ TPHA		
e. MALARIAL PARASITE		

3. CHEST X-RAY INFORMATION	
CHEST X-RAY NUMBER	
DATE TAKEN	
PLACE TAKEN	
REPORT	

SECTION 4

 <p>UNIVERSITI MALAYSIA TERENGGANU UMT</p>	<p style="text-align: center;">UNIVERSITI MALAYSIA TERENGGANU UNIVERSITY MEDICAL CENTRE CERTIFICATION BY THE EXAMINING DOCTOR</p>
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Instruction: Please tick (✓) in the appropriate box

I certify that I have on this date _____ examined
Mr/Ms _____ Passport No. _____ and
found him/her:-

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION(S) (Please Indicate)

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UNDERGOING TREATMENT FOR: (Please Indicate)

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Official Stamp : _____

Date : _____

<p>University Official's Remarks:</p>
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MEDICAL CHECK UP FOR UMTSEA STUDENTS

For registration purpose, UMTSEA students may perform their medical check-up at the following clinic/hospital:

1. UMT Medical Centre
2. Any government hospital
3. The following UMT Panel Clinic around Klang Valley:
 - i. **KLINIK PERUBATAN IKRAM**
G-2, Pangsapuri Servis Desa Sentul
Jalan Sentul Pasar, Sentul
51000 Kuala Lumpur
W.P Kuala Lumpur
03-40315333/011-36061533
 - ii. **POLIKLINIK DR. AZHAR DAN RAKAN-RAKAN**
No. 29, Jalan 46a/26,
Taman Sri Rampai,
53300 Setapak, W.P Kuala Lumpur.
03-41424934
 - iii. **POLIKLINIK DR. AZHAR DAN RAKAN-RAKAN**
No. 4, Blok 20-0-14, Taman Bukit Angkasa,
59200 Pantai Dalam, Kuala Lumpur.
03-22820199
 - iv. **KLINIK KELUARGA ILYANA**
No. 12, Jalan Au 4/56, Ampang Ulu Kelang
54200 Kuala Lumpur
W.P Kuala Lumpur
0108845969
 - v. **KLINIK KELUARGA ILYANA CAWANGAN SELAYANG**
Lot G-9 & G-10, Residensi Selayang Damai
Jalan 15/2a, Taman Wilayah Selayang
68100 Selayang
W.P Kuala Lumpur
011-11865935 / 03-481680512