

**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**
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 ALL THE TESTS REQUIRED IN THIS FORM
6. THE UNIVERSITY / COLLEGE ONLY ACCEPTS MEDICAL EXAMINATION DONE WITHIN **60 DAYS** BEFORE REGISTRATION
7. PLEASE ATTACH ALL THE **ORIGINAL** LABORATORY RESULTS
8. PLEASE BRING ALONG **CHEST X-RAY FILM AND REPORT** FOR REGISTRATION
9. PLEASE ENSURE THE X-RAY FILM IS **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



**SECTION 1**

**(PART B)** – Please tick ( ✓ ) in the relevant box

Declaration of self and family illness. 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. 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. 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. Others:					

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.

.....  
Date

.....  
Signature of candidate

**SECTION 2 - PHYSICAL EXAMINATION**

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
VISION TEST : Unaided : (R) _____ (L) _____ Aided : (R) _____ (L) _____	COLOUR VISION TEST : NORMAL / ABNORMAL

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

**SECTION 3 - INVESTIGATIONS**

<b>URINE TEST</b>		
<b>ITEM</b>	<b>DATE TAKEN</b>	<b>RESULT</b>
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE		
e. CANNABIS		
f. AMPHETAMINES TYPE STIMULANT		

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

<b>CHEST X-RAY INFORMATION</b>	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
REPORT	

**SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR**

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 State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNDERGOING TREATMENT FOR: (Please State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Doctor : \_\_\_\_\_  
Name of Doctor : \_\_\_\_\_  
Qualification : \_\_\_\_\_  
Hospital / Clinic : \_\_\_\_\_  
Registration Number : \_\_\_\_\_  
Official stamp : \_\_\_\_\_

Remarks By University/College Official :

## Appendix C

## Health Requirements for International Students to Enter Malaysia

## (1) Communicable Diseases

	Type of Diseases/Conditions	Example	Action to be Taken Based on Time of Detection	
			Commencing Studies	During Studies
1	<ul style="list-style-type: none"> <li>• Infectious</li> <li>• Expected difficulties to cure in the long term</li> <li>• High cost of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• Hepatitis B</li> <li>• Hepatitis C</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be accepted to register as a student</li> </ul>	Permitted to continue studies on condition: <ul style="list-style-type: none"> <li>• Student is willing to pay for the relevant treatment for himself (Outside Scheme)</li> <li>• Permitted to continue studies for the current course only</li> <li>• Permitted to delay studies &lt; 2 Semesters only (if necessary)</li> </ul>
2	<ul style="list-style-type: none"> <li>• Infectious</li> <li>• Expected to be cured within a certain period of time</li> </ul>	<ul style="list-style-type: none"> <li>• Tuberculosis</li> </ul>	<ul style="list-style-type: none"> <li>• Delay registration until treatment is complete (&lt; 2 Semesters)</li> <li>• Certification from attending doctor is required</li> </ul>	<ul style="list-style-type: none"> <li>• Permitted to continue studies</li> <li>• Permitted to delay studies (if necessary) &lt; 2 Semesters only</li> </ul>
3	<ul style="list-style-type: none"> <li>• Infectious</li> <li>• Expected to be cured within a short amount of time</li> </ul>	<ul style="list-style-type: none"> <li>• Malaria</li> <li>• Typhoid</li> <li>• Syphilis (VDRL)</li> </ul>	<ul style="list-style-type: none"> <li>• Can be accepted to register as a Student</li> <li>• Must undergo treatment</li> <li>• Expenses is covered by Health Scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Permitted to continue studies</li> <li>• Permitted to take leave (if necessary) &lt; 2 weeks only</li> <li>• Treatment is covered by Health Scheme</li> </ul>
4	Diseases declared as an epidemic by the Malaysian Ministry of Health	<ul style="list-style-type: none"> <li>• Japanese Encephalitis</li> <li>• SARS</li> <li>• Avian Flu</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be accepted to register as a Student</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the policies and latest circulars by the Malaysian Government and WHO</li> </ul>

## (2) Non-Infectious Chronic Diseases

	Type of Diseases/Conditions	Example	Action to be Taken Based on Time of Detection	
			Commencing Studies	During Studies
1	<ul style="list-style-type: none"> <li>• Onset of disease that could endanger oneself and others</li> <li>• Repeated onsets and affect/compromise studies</li> </ul>	<ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Schizophrenia</li> </ul>	Need a report from tending specialist. Can be accepted to register if: <ul style="list-style-type: none"> <li>• No Symptoms &gt; 12 months; and</li> <li>• No longer in treatment; or</li> <li>• On treatment &lt; RM100 /month; or</li> <li>• On treatment &gt; RM100/month but agrees to pay own cost of treatment</li> </ul>	Continue studies if: <ul style="list-style-type: none"> <li>• Symptoms do not compromise/affect studies; and</li> <li>• Cost of treatment &lt; RM100 /month; or</li> <li>• Cost of treatment &gt; RM100/month but agrees to pay own cost of treatment</li> <li>• Permitted to continue study on current course only</li> </ul>
2	<ul style="list-style-type: none"> <li>• Expected to prolong in the long term</li> <li>• Obvious and serious symptoms</li> <li>• Long treatment schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Dialysis</li> <li>• Cancer</li> </ul>	Cannot be accepted to register as a student	Continue studies if: <ul style="list-style-type: none"> <li>• Symptoms do not affect/compromise studies; and</li> <li>• Student agrees to pay for own cost of treatment</li> </ul>
3	<ul style="list-style-type: none"> <li>• Addiction that goes against AUKU or the laws of the country</li> </ul>	<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	Cannot be accepted to register as a student	<ul style="list-style-type: none"> <li>• To end studies</li> </ul>
4	<ul style="list-style-type: none"> <li>• Required continuous medication</li> <li>• No serious symptom</li> <li>• Treatment does not interrupt studies</li> </ul>	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Diabetes D'Mellitus</li> </ul>	Accepted if: <ul style="list-style-type: none"> <li>• Treatment does not affect/compromises studies</li> <li>• Cost of treatment &lt; RM100/month; or</li> <li>• Cost of treatment &gt; RM100/month but agrees to pay own cost of treatment</li> </ul>	Continue with studies if: <ul style="list-style-type: none"> <li>• Symptoms does not compromise studies; and</li> <li>• Cost of treatment &lt; RM100 /month; or</li> <li>• Cost of treatment &gt; RM100/month but agrees to pay own cost of treatment</li> </ul>