

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

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM.
2. PLEASE COMPLETE THE FORM IN **ENGLISH**.
3. PLEASE WRITE IN **CAPITAL** LETTERS.
4. THIS FORM HAS **4 SECTIONS**:
 - (a) SECTION 1 (PART A AND PART B) TO BE COMPLETED BY THE APPLICANT; AND
 - (b) SECTION 2,3 AND 4 TO BE COMPLETED BY THE EXAMINING DOCTOR
5. PLEASE COMPLETE ALL TESTS REQUIRED IN THIS FORM.
6. THE COLLEGE ONLY ACCEPTS MEDICAL EXAMINATIONS DONE WITHIN **60 DAYS** BEFORE REGISTRATION OR WITHIN **30 DAYS** AFTER REGISTRATION.
7. PLEASE ATTACH THE **ORIGINAL** LABORATORY TEST RESULTS.
8. PLEASE BRING ALONG THE **CHEST X-RAY FILM AND REPORT** FOR REGISTRATION.
9. PLEASE ENSURE THE X-RAY FILM IS **LABELLED** WITH YOUR NAME.
10. CHEST X-RAY DONE WITHIN **6 MONTHS PRIOR** TO REGISTRATION MAY BE ACCEPTED.
11. THE COLLEGE RESERVES THE RIGHT TO REQUEST FOR A FULL REPEAT OF THE MEDICAL CHECK-UP OR ANY SPECIFIC LABORATORY TEST SHOULD THERE BE ANY DOUBT IN THE MEDICAL REPORT SUBMITTED. ALL COST INVOLVED SHALL BE BORNE BY THE CANDIDATE.
12. THE 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 OR IF THERE IS EVIDENCE OF THE REPORTS SUBMITTED HAS BEEN TAMPERED WITH IN ANYWAY.

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 brother / 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

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

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

CHEST X-RAY INFORMATION	
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 :
