HEALTH EXAMINATION GUIDELINES

- 1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
- 2. ALL APPLICANTS SHALL UNDERGO HEALTH EXAMINATION WITHIN SEVEN (7) WORKING DAYS UPON ARRIVAL TO MALAYSIA AND MUST BE DONE AT UPM UNIVERSITY HEALTH CENTRE.
- 3. FAILURE IN COMPLYING WITH THE ABOVE MATTER WILL RESULT IN REJECTION OF APPLICATION FOR STUDENT PASS.
- 4. IF THE APPLICANT FAILED THE HEALTH EXAMINATION, STUDENT PASS ENDORSEMENT WILL NOT BE PROCESSED AND THE APPLICANT IS REQUIRED TO LEAVE MALAYSIA.
- 5. UNIVERSITI PUTRA MALAYSIA RESERVES THE RIGHT TO **REJECT** ANY APPLICATION:
 - a) BASED ON THE RESULTS OF THE HEALTH EXAMINATION; AND/OR
 - b) SHOULD THERE BE ANY EVIDENCE THAT APPLICANT HAS GIVEN **FALSE INFORMATION**PERTAINING TO THE RESULTS OF THE HEALTH EXAMINATION.
- 6. PLEASE FILL IN THE FORM IN ENGLISH.
- 7. PLEASE WRITE IN CAPITAL LETTERS.
- 8. THIS FORM HAS 2 SECTIONS
 - SECTION 1 (PART A AND B) TO BE FILLED BY THE CANDIDATES
 - SECTION 2 TO BE FILLED BY THE EXAMINING DOCTOR
- 9. PLEASE COMPLETE ALL THE TESTS REQUIRED IN THIS FORM.
- 10. PROSPECTIVE CANDIDATES ARE **STRONGLY ADVISED** TO UNDERGO VACCINATION FOR **HEPATITIS B** BEFORE JOINING UNIVERSITI PUTRA MALAYSIA.
- 11. PLEASE ATTACH ALL THE **ORIGINAL** LABORATORY RESULTS AND THE RESULTS MUST BE REPORTED IN **ENGLISH.**
- 12. THE UNIVERSITY RESERVES THE RIGHT TO <u>REPEAT</u> 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.

Terms and regulation of Health-related disorder for Admission of International Students to Universiti Putra Malaysia.

1. Communicable Disease

Type of disease/disorder	Example	Registration/admission
ContagiousRecovery is expected to be difficult and delayed	HIV/AIDSHepatitis BHepatitis C	Registration/admission is prohibited
 Contagious Expected to recover with treatment 	• Tuberculosis	 Registration/admission must be deferred until treatment in home country is completed Deferment should not be for more than two semester Registration requires confirmation from the physician in charge that treatment has been completed
ContagiousExpected to recover with treatment	MalariaTyphoidSyphilis	Registration/admission is allowed only after treatment is completed in home country
Contagious disease that are declared as epidemic by the Malaysian Ministry of Health	 Japanese Encephalitis SARS Avian flu Ebola H1N1 	Registration/admission is prohibited

2. Non - Communicable Disease

Type of disease/disorder	Example	Registration/admission
Mental Illness An attack that may harm the student or other	EpilepsySchizophreniaDepressionBipolar Disorder	A report is required from the treating psychiatrist. May be accepted for registration/admission if any of the following is met: Symptom-free for > 12 months Treatment is completed
 Disease or disorder is expected to continue for an unspecified time Apparent and serious symptoms Long treatment schedule 	End stage renal failure requiring dialysisCancer	Registration/admission is prohibited
Addiction that is direct violation of the Malaysian laws	 Drugs such as Morphine Canabis Ampethamine Metampethamine 	Registration/admission is prohibited
 Requires continuous medication No serious symptoms Treatment not affecting study 	HypertensionDiabetes MellitusDyslipidaemia	May register if treatment does not affect study



PLEASE USE CAPITAL LETTERS



HEALTH EXAMINATION REPORT

Passport size photo

COMPULSORY

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SECTION 1

(PART B) – Please tick ($\sqrt{\ }$) in the relevant box.

Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses. **AGENTS ARE STRICTLY NOT ALLOWED TO FILL IN THE BOX**. * Immediate family refers to father, mother, brothers / sisters

	SE	LF		DIATE IILY	If "Yes" please state. You are required to submit your medical
MEDICAL PROBLEMS	Yes	No	Yes	No	history/report from your treating physician if you have sought consultation for any of the listed diseases/conditions
1. AIDS, HIV					
2. Hepatitis B/C					
3. Tuberculosis					
4. Drug addiction					
5. Congenital or inherited disorder					
6. Allergy/Drugs allergy					
7. Mental illness (depression,ocd,schizo,etc)					
8. Fits, stroke, other neurological disease					
9. Diabetes Mellitus					
10. Hypertension					
11. Heart or vascular disease					
12. Asthma					
13. Thyroid disease					
14. Kidney disease					
15. Cancer					
16. History of surgery					
17. Other illnesses/handicapped					
Current medication (Long term):					

IMMUNIZATION HISTORY	DA	ATE IMMUNI	ZED	
1. Yellow fever				
2. BCG				
3. Typhoid				
4. Meningitis (Quadrivalent)				
5. Hepatitis B				
6. 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.

I declare that I will submit myself for compulsory Post Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia 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.

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)	COLOUR BLIND TEST :
Aided : (R) (L)	NORMAL / ABNORMAL

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

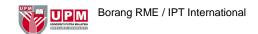
3. SYSTEMIC EXAMINATION	3. SYSTEMIC EXAMINATION						
ITEM	NORMAL	ABNORMAL	COMMENT				
a. EYES (including funduscopy)							
b. EARS							
c. NOSE							
d. ORAL CAVITY / THROAT							
e. NECK							
f. HEART							
g. LUNGS							
h. ABDOMEN / HERNIA ORIFICES							
i. NERVOUS SYSTEM							
j. MENTAL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

SECTION 3 - INVESTIGATIONS

UF	URINE TEST								
	ITEM	DATE TAKEN	RESULT						
a.	ALBUMIN								
b.	SUGAR								
C.	MICROSCOPIC								
d.	MORPHINE								
e.	CANNABIS								
f.	AMPHETAMINES								
g.	METHAMPHETAMINES								

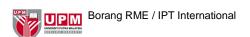
BLOOD TEST								
ITEM	DATE TAKEN	RESULT						
a. HEPATITIS B ANTIGEN								
b. HEPATITIS B ANTIBODY								
c. HEPATITIS C								
d. HIV								
e. VDRL/TPHA								
f. MALARIAL PARASITE								

CHEST X-RAY INFORMATION						
CHEST X-RAY NO.						
DATE TAKEN						
PLACE TAKEN						
REPORT						



SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick ($\sqrt{}$) in the appropriate box I certify that I have on this date _____ examined Mr / Ms ______ Passport No. _____ and found him / her :-IN GOOD HEALTH FOUND TO HAVE (Please State) HAS MEDICAL PROBLEM (Please State) IS UNDERGOING TREATMENT FOR: (Please State) Signature of Doctor Date Name of Doctor Qualification and Official stamp of Clinic Remarks By University Official:



SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick ($\sqrt{\ }$) in the appropriate box

	nat I have on this date				
and found	d him / her :-				
	IN GOOD HEALTH				
	FOUND TO HAVE (Please State				
	HAS MEDICAL PROBLEM (Plea	ase State)			
	IS UNDERGOING TREATMENT FOR: (Please State)				
Date		Signature of Do		:	
		Name of Doctor Qualification an		:	
		Official stamp of		·	
Remark	ks By University Official :				