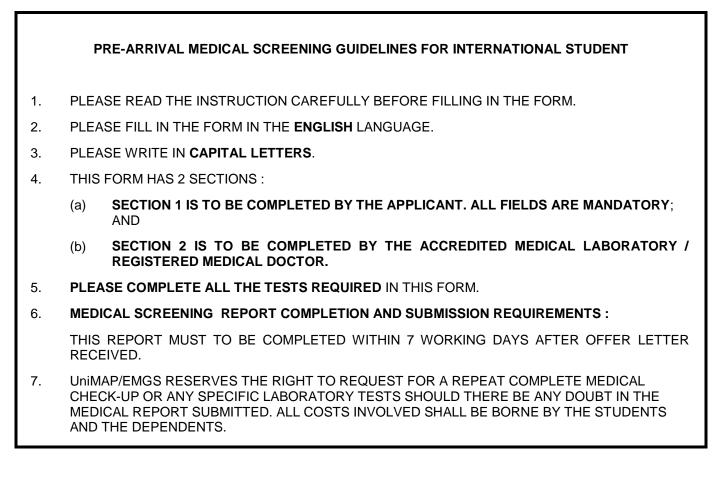


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### PRE-ARRIVAL MEDICAL SCREENING REPORT FOR INTERNATIONAL STUDENT IMPORTANT : PLEASE USE CAPITAL LETTERS AND TICK ( ✓ ) WHERE APPROPRIATE

#### **SECTION 1**

(To be completed by APPLICANT and all fields are **MANDATORY**)

### DATE OF MEDIC

(To be completed by APPLICANT and all fields are <b>MANDATORY)</b>					
DATE OF N	IEDICAL SCREEN	ING D D	M M Y	T	(compulsory)
FULL NAME (AS IN PASSPORT)				_	
INTERNATIONAL PASSPORT NUI	MBER	NATIONALITY			
		COUNTRY OF F	RESIDENCE		
DATE OF BIRTH	AGE	SEX		MARITAL	STATUS
		MALE FEMALE		SINGLE MARRIEI	D
BLOOD GROUP		RHESUS	OSITIVE		
CONTACT NUMBER					

Passport size

### DATE OF BIRTH

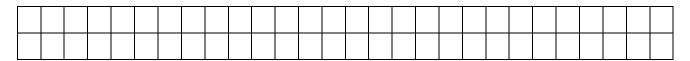
D	D	Μ	М	Y	Y

BLC	DOD	GRC	DUP
-	_		-

А	В	AB	0
			-

CONTACT NUMBER												

#### **EMAIL ADDRESS**



NAME :\_\_\_\_\_

PASSPORT NUMBER : \_\_\_\_\_

## PRE-ARRIVAL MEDICAL SCREENING REPORT FOR INTERNATIONAL STUDENT

## SECTION 2 – LABORATORY RESULT

(To be completed by EXAMINING DOCTOR)

NAME OF LABORATORY

URI	URINE TEST					
	ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT		
a.	ALBUMIN					
b.	SUGAR					
C.	MICROSCOPY					
d.	OPIATES DERIVITIVES					
e.	CANNABINOIDS					
	AMPHETAMINE-TYPE					
f.	STIMULANT					

# **BLOOD TEST**

	ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a.	HEPATITIS B SURFACE ANTIGEN			
b.	HEPATITIS C ANTIBODY			
C.	HIV			
d.	VDRL / *TPHA			
e.	MALARIA PARASITE			

## BLOOD GROUP

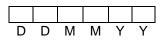
A B AB O

#### RHESUS

NEGATIVE POSITIVE

\*TPHA is done if VDRL is reactive \*\*All test result / report is valid for 6 months

#### DATE OF LAB TEST



Signature of Lab Technologist/Clinician

Name of Lab Technologist/Clinician

Official Stamp