

PRE-ARRIVAL MEDICAL SCREENING GUIDELINES FOR INTERNATIONAL STUDENT

1. PLEASE READ THE INSTRUCTION CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN THE **ENGLISH** LANGUAGE.
3. PLEASE WRITE IN **CAPITAL LETTERS**.
4. THIS FORM HAS 2 SECTIONS :
 - (a) **SECTION 1 IS TO BE COMPLETED BY THE APPLICANT. ALL FIELDS ARE MANDATORY; AND**
 - (b) **SECTION 2 IS TO BE COMPLETED BY THE ACCREDITED MEDICAL LABORATORY / REGISTERED MEDICAL DOCTOR.**
5. **PLEASE COMPLETE ALL THE TESTS REQUIRED** IN THIS FORM.
6. **MEDICAL SCREENING REPORT COMPLETION AND SUBMISSION REQUIREMENTS :**

THIS REPORT MUST TO BE COMPLETED WITHIN 7 WORKING DAYS AFTER OFFER LETTER RECEIVED.
7. UniMAP/EMGS RESERVES THE RIGHT TO REQUEST FOR A REPEAT COMPLETE 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 STUDENTS AND THE DEPENDENTS.

**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**)

*Passport size
photo
(compulsory)*

DATE OF MEDICAL SCREENING

D	D	M	M	Y	Y

FULL NAME (AS IN PASSPORT)

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INTERNATIONAL PASSPORT NUMBER

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NATIONALITY

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COUNTRY OF RESIDENCE

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DATE OF BIRTH

D	D	M	M	Y	Y

AGE

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SEX

MALE	
FEMALE	

MARITAL STATUS

SINGLE	
MARRIED	

BLOOD GROUP

A	B	AB	O
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RHESUS

NEGATIVE	POSITIVE
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CONTACT NUMBER

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EMAIL ADDRESS

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NAME : _____

PASSPORT NUMBER : _____

PRE-ARRIVAL MEDICAL SCREENING REPORT FOR INTERNATIONAL STUDENT

SECTION 2 – LABORATORY RESULT

(To be completed by EXAMINING DOCTOR)

NAME OF LABORATORY

URINE TEST				
	ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a.	ALBUMIN			
b.	SUGAR			
c.	MICROSCOPY			
d.	OPIATES DERIVATIVES			
e.	CANNABINOIDS			
f.	AMPHETAMINE-TYPE 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
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RHESUS

NEGATIVE	POSITIVE
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*TPHA is done if VDRL is reactive

**All test result / report is valid for 6 months

DATE OF LAB TEST

D	D	M	M	Y	Y

Signature of Lab Technologist/Clinician

Name of Lab Technologist/Clinician

Official Stamp