

EDUCATION MALAYSIA GLOBAL SERVICES (EMGS)

21st June 2019

NOTICE ON THE CHANGES MADE TO THE HEALTH DECLARATION FORM FOR INTERNATIONAL STUDENTS

1. PURPOSE

- 1.1 This information is intended to provide clarification to all Education Institutions and International Students regarding the updates / changes in the 'Health Declaration Form'. (Refer to Lampiran B)
- 1.2 Based on the previous bulletin that was sent on 4th June 2019, all International Students are required to submit a 'Health Declaration Form' for their VAL applications.

2. IMPLEMENTATION

- 2.1 The applicants are required to ensure the following details are completed in the 'Health Declaration Form': -
- Date – Must be filled in dd/mm/yyyy format i.e. 20/06/2019
 - Name of Applicant – Must be the same as indicated in the passport
 - Applicant's Signature is required
 - Applicant's Passport Number – Must be the same as indicated in the applicant's passport copy submitted for Visa Approval Letter (VAL) application.
- 2.2 If the applicant is free from any of the listed diseases / conditions, please proceed to tick under the 'YES' column. Below is an example that indicates an applicant that has declared he / she is free from any of the listed diseases / conditions: -

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE	IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
	YES	NO		
Tuberculosis	✓			
Hepatitis B	✓			
Hepatitis C	✓			
HIV	✓			
Drug use/abuse of:				
1. Opiates	✓			
2. Cannabinoids	✓			
3. Amphetamine	✓			
4. Methamphetamine	✓			
Sexually Transmitted Diseases	✓			
Congenital or Inherited Disorder	✓			
Cancer	✓			
Epilepsy	✓			
Psychiatric Illness	✓			
Other illness	✓			

2.3 If the applicant is diagnosed with one or more of the listed diseases / conditions, please proceed to tick under the 'NO' column. Below is an example that indicates an applicant that has declared he / she is not free from one or more of the listed diseases / conditions: -

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE	IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
	YES	NO		
Tuberculosis	✓			
Hepatitis B	✓			
Hepatitis C	✓			
HIV	✓			
Drug use/abuse of:				
1. Opiates	✓			
2. Cannabinoids		✓		
3. Amphetamine	✓			
4. Methamphetamine	✓			
Sexually Transmitted Diseases		✓		
Congenital or Inherited Disorder	✓			
Cancer	✓			
Epilepsy	✓			
Psychiatric Illness	✓			
Other illness	✓			

2.4 Kindly ensure all information requested in this form is complete and updated in the English Language.

HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE
	YES	NO	
Tuberculosis			IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Other illness			

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.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

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Date (dd/mm/yyyy)

.....
Name of applicant as indicated in the passport

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Applicant's signature

.....
Applicant's passport number

Kindly ensure all information requested in this form is complete and updated in English Language.