

## 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.

.....  
**Date (dd/mm/yyyy)**

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

.....  
**Applicant's signature**

.....  
**Applicant's passport number**

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

## 健康申报表

**\*此表格只供参考，请填写并提交正版（英文）健康申报表。**

**\*若正版（英文）与翻译版（中文）内容出现分歧，请以正版（英文版）为准。**

本人谨此声明没有以下疾病：

项目	本人		若有此疾病， 请描述您的情况。
	是， 本人没有。	不是， 本人有。	
肺结核			如果您曾就项目列表里的任何一种疾病或情况咨询医学专家，请于来马进行在地体检时，将您的病历或医疗报告（原件或复印件）交给马来西亚教育全球服务机构（EMGS）指定医院。
乙型肝炎			
丙型肝炎			
艾滋病			
药物使用或滥用： 1. 鸦片 2. 大麻 3. 安非他命 4. 冰毒			
性传播疾病			
遗传性或先天性疾病			
癌症			
癫痫			
精神疾病			
其他疾病			

本人声明将依循马来西亚法律条规进行马来西亚在地体检。若经在地体检，诊出本人不符合来马学习健康条例，本人将自行承担离境费用并遵循马来西亚移民局条规，在签证过期前或在任何给予的时限前离开马来西亚。

本人声明若被诊出本人可在无需离开马来西亚的情况下接受医学治疗，而且本人选择留在马来西亚继续学习，本人将承担任何或一切直接或间接因本人健康状况而产生的医疗费用。

本人确认 EMGS 指定医院将不为因他们发出的诊断结果（合不合适留学马来西亚或如上所述居住在马来西亚接受医疗）而引起的任何事件或行为承担责任。本人承诺 EMGS 指定医院不涉及与不负责因为此决定而产生的一切不利影响，并同意对 EMGS 指定医院因为此决定而产生的任何损失与债务作出赔偿。

.....

日期（日/月/年）

.....

申请人签名

.....

申请人姓名（与护照上一致）

.....

申请人护照号码