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 肺结核	✓			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.
Leprosy 麻风	✓			
Hepatitis B 乙型肝炎	✓			
Hepatitis C 丙型肝炎	✓			
HIV 艾滋病病毒	✓			
Drug use/abuse of:				
1. Opiates 鸦片	✓			
2. Cannabinoids 大麻	✓			
3. Amphetamine 苯丙胺	✓			
4. Methamphetamine 冰毒	✓			
Sexually Transmitted Diseases 性传播疾病	✓			
Congenital or Inherited Disorder 先天/遗传疾病	✓			
Cancer 癌症	✓			
Epilepsy 癫痫症	✓			
Psychiatric Illness 心理疾病	✓			
Other illness 其他疾病	✓			

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.

…日期……
Date (dd/mm/yyyy)

……护照名字的拼音……
Name of applicant as indicated in the passport

…手动签字拼音……
Applicant's signature

……护照号……
Applicant's passport number

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