

**HEALTH EXAMINATION GUIDELINES  
FOR ENTRY INTO  
MALAYSIAN HIGHER EDUCATIONAL INSTITUTIONS**  
马来西亚高等教育学府入学体检指南

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.  
在填写表格前，请仔细阅读以下说明。
2. PLEASE FILL IN THE FORM IN **ENGLISH** LANGUAGE.  
请以英文填写此表格。
3. PLEASE WRITE IN **CAPITAL LETTERS**.  
请以大写英文字母填写。
4. THIS FORM HAS 4 SECTIONS:  
此表格分为四个项目：
  - a) SECTION 1 (PART A AND B) TO BE FILLED BY THE APPLICANT; AND  
第 1 项的 (A 及 B 部分) 由申请者填写；及
  - b) SECTION 2,3 AND 4 TO BE FILLED BY THE EXAMINING DOCTOR  
第 2, 3, 4 项目则由检查医生填写。
5. PLEASE COMPLETE THE ENTIRE TEST REQUIRED IN THIS FORM.  
请依据表格的要求完成所有的体检测试。
6. THE UNIVERSITY / COLLEGE ONLY ACCEPT MEDICAL EXAMINATION DONE WITHIN **90 DAYS** BEFORE ARRIVAL IN MALAYSIA.  
大学/学院只接受学生抵达马来西亚前 **90 天**内所作的体检报告。
7. PLEASE ATTACH ALL THE **ORIGINAL** LABORATORY RESULTS.  
请附上所有体检报告原件。
8. PLEASE BRING ALONG **CHEST X-RAY FILM (OR DIGITAL IMAGES) AND REPORT** FOR REGISTRATION, FOR THE PURPOSE OF VERIFICATION, IF NECESSARY.  
请在报道时呈交胸腔 X 光片和报告。
9. PLEASE ENSURE THE X-RAY FILMS OR DIGITAL IMAGES ARE **LABELLED** WITH YOUR NAME AND DATE TAKEN (IN ENGLISH).  
请确保胸腔 X 光片记有你的名字和体检日期（以英文填写）。
10. CHEST X-RAY DONE WITHIN **6 MONTHS** PRIOR TO REGISTRATION CAN BE ACCEPTED.  
在报道前 6 个月内所作的胸腔 X 光体检报告尚可被接受。
11. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REPEAT** FULL 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 CANDIDATES.  
大学或学院有权在发现所呈交的体检报告有可疑之时要求申请者重作体检。所有的相关费用均由申请者承担。
12. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REJECT** ANY APPLICATION:  
大学或学院有权在以下情况中申请者的申请：
  - a) BASED ON THE RESULTS OF THE HEALTH EXAMINATION; OR  
根据体检的报告结果；或
  - b) SHOULD THERE BE ANY EVIDENCE THAT THE APPLICANT HAS GIVEN FALSE INFORMATION IN THE HEALTH EXAMINATION REPORT OR ANY SUPPORTING DOCUMENTS.  
若有证据证明申请者在体检报告提供任何虚假资料或文件。

## HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

### SECTION 1 (PART A) 项目 1 (由申请者填写)

FULL NAME (AS IN PASSPORT) 全名 (与护照一致)

INTERNATIONAL PASSPORT NUMBER 护照号码

BLOOD GROUP 血型 (RHESUS) RH 血型

NATIONALITY 国籍

CONTACT NUMBER IN MALAYSIA 马来西亚联系号码

DATE OF BIRTH 出生日期

AGE 年龄

SEX 性别

MARITAL STATUS 婚姻状况

ACADEMIC YEAR 学年

STUDENT ID 学生证号码

PROGRAMME OF STUDY 就读课程

PROGRAMME CODE 课程代码

NEXT OF KIN 直系亲属

NEXT OF KIN'S ADDRESS 直系亲属地址

NEXT OF KIN'S CONTACT NUMBER 直系亲属联系电话

The details of the blood type recorded here are as reported by the patient and have not been tested or verified to be correct by the medical practitioner completing this online medical screening questionnaire. The medical practitioner completing this form disclaims any and all liability to the fullest extent permitted by law for any personal injury, suffering or loss caused by any reliance on this information by any other party.

**EDUCATION MALAYSIA GLOBAL SERVICES (986610-U)**

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# HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

## SECTION 1 (PART B) (B 部分) – 请在相关空格内打勾

Declaration of self and family illness. Explain in full if you or your immediate\* family has any of the following illnesses. \* Immediate family refers to mother, brothers / sisters.

本人及家庭成员并请说明。如您或您家庭成员患有以下疾病情进行详细说明。\*直系家属指父亲，母亲，兄弟/姐妹

MEDICAL PROBLEMS 健康问题	SELF 自身		IMMEDIATE FAMILY 直系家属		If “Yes” please state details 如“有”请说明
	Yes 有	No 无	Yes 有	No 无	
1. Congenital or Inherited Disorder 先天性或遗传疾病					
2. Allergy 过敏					
3. Mental Illness 神经病					
4. Fits, Stroke, Other Neurological Disease 痉挛、中风、其他神经疾病					
5. Diabetes Mellitus 糖尿病					
6. Hypertension 高血压					
7. Heart or Vascular Disease 心脏或血管疾病					
8. Asthma 哮喘					
9. Thyroid Disease 甲状腺疾病					
10. Kidney Disease 肾脏疾病					
11. Cancer 癌症					
12. History of Surgery 手术史					
13. Tuberculosis (TB) 肺结核					
14. HIV / AIDS 爱滋病毒/爱滋病					
15. Hepatitis B B 型肝炎 (乙肝)					
16. Sexually Transmitted Diseases 性传染病					
17. Drug Addiction 毒瘾					
18. Other Illnesses 其它疾病					

Current medication (Long Term)  
现有药物治疗 (长期)

VACCINATION HISTORY 疫苗接种史 (where applicable) (若有)	Yes 有	No 无	Date of Vaccination 疫苗接种日期
1. Yellow Fever 黄热病			
2. BCG 卡介苗			
3. Meningitis (Quadrivalent) 脑膜炎			
4. Hepatitis B B 型肝炎 (乙肝)			
5. Polio 小儿麻痹/脊髓灰质炎			
6. Measles 麻疹			
7. Rubella 德国麻疹			
8. Others: (specify) 其它			

Notes :

1. \*A valid Yellow Fever vaccination certificate is required from all travellers coming from or transited more than 12 hours through countries with risk of Yellow Fever transmission.

所有来自或过境到黄热病传播危险的国家超过 12 小时者，都必须准备有效的黄热病疫苗证书。

2. All students are required to take vaccines as listed in numbers 2-7 above.

所有的学生必须注射上述 2 至 7 项的疫苗。

3. The students are required to bring along the International Certificate of Vaccination or Prophylaxis with them for verification of information.

学生必须携带疫苗接种证书或预防措施国际证书以示验证。

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# HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

## SECTION 2 - PHYSICAL EXAMINATION 身体检查

FULL NAME (AS IN PASSPORT) 全名 (与护照一致)

INTERNATIONAL PASSPORT NUMBER 护照号码

TYPE OF APPLICATION 申请项目

DATE OF MEDICAL SCREENING 检验日期

EMGS REFERENCE NUMBER EMGS 号码

### 1. BASIC MEASUREMENT 基本测量

HEIGHT (m) :  
身高

WEIGHT (kg)  
体重

BMI(kg/m<sup>2</sup>)  
身体质量指数

PULSE RATE  
(PER MINUTE)  
脉搏

BLOOD PRESSURE: 血压  
SYSTOLIC (mmHg) 收缩压  
DIASTOLIC (mmHg) 舒张压

VISION TEST 视力测试 NORMAL 正常 DEFECTIVE 缺陷

UNAIDED (L) 无辅助

UNAIDED (R) 无辅助

AIDED (L) 有辅助

AIDED (R) 有辅助

COLOR VISION TEST  
辨色测试

COMMENT  
评注

HEARING ABILITY NORMAL 正常 DEFECTIVE 缺陷

听力测试

LEFT 左

RIGHT 右

COMMENT 评注

### 2. GENERAL EXAMINATION 普通测试

ITEM 项目	YES / ABNORMAL 有 / 不正常	NO / NORMAL 无 / 正常	COMMENT 评注
a. DEFORMITIES 畸形			
b. PALLOR 苍白			
c. CYANOSIS 黄萎病			
d. JAUNDICE 黄疸病			
e. OEDEMA 水肿			
f. SKIN DISEASES 皮肤病			

### 3. SYSTEMIC EXAMINATION 全身检查

ITEM 项目	NORMAL 正常	ABNORMAL 异常	COMMENT 评注
g. EYES (including funduscopy) 眼睛 (包括眼底检查)			
h. EARS 耳朵			
i. NOSE 鼻子			
j. ORAL CAVITY / THROAT 口腔 / 咽喉			
k. NECK 颈部			
l. CARDIOVASCULAR SYSTEM 心血管			
m. RESPIRATORY SYSTEM 呼吸道			
n. ABDOMEN/HERNIAL ORIFICES 腹部/疝气			
o. NERVOUS SYSTEM 神经系统			
p. MENTAL STATUS 精神状况			
q. MUSCULOSKELETAL SYSTEM 肌肉骨骼系统			

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# HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

## SECTION 2A - PHYSICAL EXAMINATION – EBOLA 身体检验-埃博拉病毒

**FULL NAME (AS IN PASSPORT) 全名（与护照一致）**

**INTERNATIONAL PASSPORT NUMBER 护照号码**

**TYPE OF APPLICATION 申请项目**

**DATE OF MEDICAL SCREENING 检验日期**

**EMGS REFERENCE NUMBER EMGS 号码**

**Have you in the last 30 days travelled to or from the following Ebola affected countries:**

您有否在前 30 天前往或来自以下埃博拉病毒国家：

ITEM 项目	YES 有	NO 无	COMMENT 评语
Guinea 几内亚			
Sierra Leone 塞拉利昂利昂			
Liberia 利比亚			
Nigeria 尼日利亚			
Others (please specify) 其它（请注明）			

**Have you in the last 30 days come into contact with someone, who has in the last 30 days, traveled to or from the following Ebola affected countries:** 您有否在前 30 天接触任何人曾经在前 30 天, 前往或来自以下埃博拉病毒国家：

ITEM 项目	YES 有	NO 无	COMMENT 评语
Guinea 几内亚			
Sierra Leone 塞拉利昂利昂			
Liberia 利比亚			
Nigeria 尼日利亚			
Others (please specify) 其它（请注明）			

**Have you in the last 30 days come into contact with Ebola infected persons or animals?**

您有否在前 30 天接触任何埃博拉病毒病人或动物？

ITEM 项目	YES 有	NO 无	COMMENT 评语
YES/NO			

**Do you have any of the following Ebola virus symptoms? 您有没有以下埃博拉病毒症状？**

ITEM 项目	YES 有	NO 无	COMMENT 评语
Sudden onset of fever 突发发烧			
Intense weakness 极度虚弱			
Myalgia 肌痛			
Headache 头痛			
Sore Throat 咽喉痛			
Vomiting 呕吐			
Diarrhoea 腹泻			
Rashes 皮疹			
Haematuria 血尿			
Bloody Stool 便血			
Internal or external bleeding 内部或外部出血			
Others (please specify) 其它(请注明)			

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# HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

## SECTION 3 - LABORATORY RESULTS 实验室检查结果

**FULL NAME (AS IN PASSPORT)** 全名(与护照一致)

**INTERNATIONAL PASSPORT NUMBER** 护照号码

**EMGS REFERENCE NUMBER** EMGS 号码

**DATE OF LAB TEST** 实验室检验日期

**NAME OF LAB** 实验室名字

<b>URINE TEST</b> 尿检			
<b>ITEM</b> 项目	<b>POSITIVE / ABNORMAL</b> 有 / 不正常	<b>NEGATIVE / NORMAL</b> 无 / 正常	<b>COMMENT</b> 评语
a. ALBUMIN 蛋白质			
b. SUGAR 糖分			
c. MICROSCOPIC EXAMINATION 显微镜分析			
d. OPIATES (INCLUDING CODEINE, MORPHINE, HEROIN) 阿片类药物 (包括阿特因、吗啡、号海洛因)			
e. CANNABINOIDS 大麻			
f. AMPHETAMINE TYPE STIMULANT 安非他命类兴奋剂			

<b>BLOOD TEST</b> 血液检验			
<b>ITEM</b> 项目	<b>POSITIVE / ABNORMAL</b> 有 / 不正常	<b>NEGATIVE / NORMAL</b> 无 / 正常	<b>COMMENT</b> 评语
a. HEPATITIS Bs ANTIGEN B 型肝炎 (乙肝) 表面抗原			
c. HIV 爱滋病毒			
d. VDRL 梅毒血清			
d. TPHA 梅毒螺旋体血凝			
e. MALARIAL PARASITES 疟原虫			

\* TPHA is done if VDRL is reactive 若性病研究实验室室试验呈反应, 将进行梅毒螺旋体血凝

\*\* all test results / reports is valid for 6 months 所有的测试结果/报告有效期为 3 个月

## HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

### SECTION 4 - CHEST X-RAY FINDINGS 胸腔 X 光检查资料

FULL NAME (AS IN PASSPORT) 全名 (与护照一致)

INTERNATIONAL PASSPORT NUMBER 护照号码

EMGS REFERENCE NUMBER EMGS 号码

DATE OF CHEST X-RAY X 光检查日期

PLACE OF CHEST X-RAY X 光检查地点

CHEST X-RAY NO. 胸腔 X 光号码

COMMENT 评语

ITEM 项目	NORMAL 正常	ABNORMAL 异常	COMMENT 评语
THORACIC CAGE 胸廓			
HEART SHAPE AND SIZE CTR IF APPLICABLE) 心脏形状和面积			
LUNG FIELDS 肺野			
MEDIASTHNUM AND HILA 纵隔和肺门			
PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES 胸膜/偏侧膈/肋膈角			
FOCAL LESION 局灶性损害 (如: 新旧肺结核)			
ANY OTHER ABNORMALITIES 其它异常现象			
IMPRESSION 印摸			

# HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

## SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR 检查医生证明

FULL NAME (AS IN PASSPORT) 全名（与护照一致）

INTERNATIONAL PASSPORT NUMBER 护照号码

EMGS REFERENCE NUMBER EMGS 号码

TYPE OF APPLICATION 申请项目

DATE OF CERTIFICATION 证明日期

ITEM 项目	ABNORMAL 不正常
HIV 爱滋病毒	
HEPATITIS B B 型肝炎（乙肝）	
TUBERCULOSIS 结核病	
MALARIA 疟疾	
TYPHOID 伤寒症	
SEXUALLY TRANSMITTED DISEASES 性传染疾病	
PSYCHIATRIC DISORDERS 精神疾病	
EPILEPSY 癫痫病	
HIS/HER URINE FOR AMPHETAMINE TYPE STIMULANTS (ATS) (SCREENING TEST) 他/她的尿液中的安非他命类兴奋剂（筛检）	
HIS/HER URINE FOR OPIATES (SCREENING TEST) 他/她的尿液中的鸦片类药物（筛检）	
HIS/HER URINE FOR CANNABINOIDS (SCREENING TEST) 他/她的尿液中的大麻素（筛检）	
OTHERS (PLEASE SPECIFY UNDER COMMENTS) 其它（请评语处注明）	

HEREBY THE STUDENT IS CERTIFIED AS 特此声明学生

☐ SUITABLE 适合 ☐ UNSUITABLE 不适合

FOR STUDY IN MALAYSIA 在马来西亚升学

COMMENT 评语

NAME OF EXAMINING DOCTOR 检验医生名字

检验医生签名

QUALIFICATION OF EXAMINING DOCTOR 检验医生学历

HOSPITAL/CLINIC REGISTRATION NUMBER 医院/医务所注册号码



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