

Education Malaysia Global Services
20th Floor, Menara TA One
22, Jalan P. Ramlee
50250 Kuala Lumpur

Reference No:

Date:

APPEAL FOR MEDICAL SCREENING

To: The Medical Screening Appeal Committee, Education Malaysia Global Services

Name of Student/Dependant:	
Passport Number:	Country of Origin:
Telephone Number (H):	Telephone Number (Mobile):
EMGS Reference Number:	Email Address:
Correspondence Address:	

I have been certified as **UNSUITABLE to study and/or to reside in Malaysia** by the following:

Dr. _____ of clinic _____.
(Full Name of Doctor) *(Full Name of Clinic)*

I confirm that I wish to appeal against the certification status made by the doctor at the said clinic. I understand that I must contact the clinic within 7 days of receiving notice of my unsatisfactory medical results and make any payments necessary to progress my appeal. I understand that if I fail to do either within the time specified I will lose my right of appeal and my immigration pass will be cancelled.

I acknowledge that the decision of the Appeal Committee of EMGS shall be final and agree unreservedly to abide by it. I undertake to hold EMGS harmless from any loss or liability arising from this appeal including amongst other things, the spread of any infectious / communicable diseases by me. I further agree to indemnify and keep EMGS and/or its directors, shareholders and employees indemnified from any loss or liability arising from this appeal.

I undertake to bear any and all costs associated with this appeal.

Signature:

To be completed by EMGS's Approved Panel Clinic

We hereby confirmed that we have accepted the medical screening appeal made by the above-named Student/Dependant on date _____ by Dr _____ of clinic _____ for confirmatory test on _____.
(Type of confirmatory test)

Clinic stamp: