

Report on Confirmatory Test(s)

Section 1: To be completed by the Examining Doctor

Date:

Name of Student/Dependant:

Passport Number: _____ EMGS Reference No: _____

Type of confirmatory test(s) conducted:

URINE TEST

Opiates

Cannabinoids

Amphetamines Type Stimulant

BLOOD TEST

Hepatitis Bs Antigen

HIV

Others/Specialist Report (please specify)

I hereby confirm the following confirmatory test(s) result/Specialist Report:

and in my opinion, the applicant:

SUITABLE FOR STUDY (COURSE) IN MALAYSIA

UNSUITABLE FOR STUDY (COURSE) IN MALAYSIA

Signature of Doctor:

Name of Doctor:

Hospital/Clinic Registration Number:

Official Stamp:

Section 2: To be completed by the Medical Screening Appeal Committee

Date:

We, the Committee hereby confirm that we have reviewed the confirmatory test result for the above-named foreign student/dependant and report from the above-named doctor and in our opinion, we concur with the doctor's certification and hereby conclude that this medical screening appeal is:

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved
<input type="checkbox"/>	Deferred (please specify reason(s) for deferral & required action(s), if applicable)

Signature
Name of Committee Member:

Signature
Name of Committee Member:

Signature
Name of Committee Member:
Date: