

## 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)

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

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and in my opinion, the applicant:

SUITABLE FOR STUDY (COURSE) IN MALAYSIA

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UNSUITABLE FOR STUDY (COURSE) IN MALAYSIA

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Signature of Doctor:

Name of Doctor:

Hospital/Clinic Registration Number:

Official Stamp:

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**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)

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**Signature**

**Name of Committee Member:**

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**Signature**

**Name of Committee Member:**

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**Signature**

**Name of Committee Member:**

**Date:**