

**REGISTRATION FORM FOR BECOMING A PANEL CLINIC FOR EMGS PRE-ARRIVAL HEALTH
SCREENING**

(PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM)

1. Full Name of Principal Doctor :

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2. Passport/Identity Document No.

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3. Current Accrediting Medical Practice Body
Registration No:

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4. Year of Issue

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5. Details of Annual Practising Certificate

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6. Qualification Details

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7. Name of Clinic

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8. Business Address of Clinic

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| Street/Road: |
| Town: |
| Post Code: |
| City and State: |
| Country : |

9. Contact Details

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|----------------|
| Telephone : |
| Fax: |
| Email: |
| Mobile Number: |

10. Confirmation of availability of internet access at Clinic premises

Yes

No

11. Details of all registered medical practitioners practicing from the Clinic:

| Full Name | Medical Registration No: |
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12. Proposed Fee (In Malaysian Ringgit) to be charged for Medical Examination for student

(Inclusive of EMGS Charge):

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13. Clinic Operating Hours:

Please express hours in 24hr format:

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun/ Holiday |
|-----|------|-----|-------|-----|-----|-----------------|
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14. Is there an in-house X-Ray facility?

Yes/No

15. If No, Name and Address of the X-ray facility to be used:

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16. Full Name of Radiologist licensed For X-ray examination

Contact Details for X-Ray facility:

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| Telephone : Fax: Email: |
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17. Is there an in-house Pathology Lab?

Mobile Number:

Yes/No

18. If No, please provide the Full Name and Address of the Pathology Lab facility that will be used:

19. Contact Details for Lab:

Telephone :

Fax:

Email:

Mobile Number:

If documents requested are not in the English language please submit a certified translation of the document in English together with a certified copy of the original document.

| Please attach copies of the following documents (Certified as true copies) together with the Registration Form (Tick if attached) | Yes | No |
|--|------------|-----------|
| Passport or official identity document (Mandatory) | | |
| Business registration documentation e.g company registration or local government registration document (If applicable) | | |
| Current and valid practising certificate of ALL Registered Doctors (Mandatory) | | |
| Certificates from the Accrediting Medical Practice Body for ALL Registered Doctors (Mandatory) | | |
| A copy of Professional Indemnity Insurance covering the named practitioners | | |
| Copy of Registration Certificate of X-ray facility | | |
| Copy of Registration Certificate of Lab facility | | |

Terms:

1. Please return this form to Education Malaysia Global Services.
2. Return of this form does not create any binding relationship between parties and is not an indication of any acceptance of terms and conditions by either party.
3. The purpose of returning this form is to provide you with secure access to Medical Screening System.
4. Upon receipt of this form, EMGS will create a username and password which will be emailed to you at the address provided. You can use the username and password provide to access the EMGS secure web portal at <https://stars.educationmalaysia.gov.my> .

ATTENTION: Non-submission of any of the above MANDATORY documents will mean that your clinic will not be approved

Declaration by applicant

I, the Principal Doctor named above, sign this form in acceptance and acknowledgment of the terms and conditions above and declare the information supplied with this form is true and correct to the best of my knowledge and belief. I also declare that I have read and understood the criteria for registration as a provider under the Education Malaysia Global Services (EMGS) Panel for international student’s health screening. EMGS reserves the right to reject this application, if it is found that the information which I supplied is inaccurate or false or I have not met the criteria as stated. The final decision on the approval will however be at the discretion of EMGS.

Signature:

Date:

Name:

Passport No.:

FOR EMGS USE ONLY:

Is all relevant information in Registration Form complete? Please insert comments if further or missing information is required.

| | Yes | No |
|--|-----|----|
| Is all relevant information in Registration Form complete? Please insert comments if further or missing information is required. | | |
| Are all relevant documents attached? Please insert comments if further or missing documentation is required. | | |

Are all relevant documents attached? Please insert comments if further or missing documentation is required.

Status of application for Registration as EMGS Overseas Panel Clinic

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| Approved | |
| Not Approved | |
| Deferred | |