IMPORTANT INFORMATION / INSTRUCTIONS FOR FILLING IN MEDICAL CHECK-UP FORM (ALSO KNOWN AS HEALTH EXAMINATION REPORT)

1. Medical check-ups are **COMPULSORY** for all new students. It must be done only at IIUM Clinics (IIUM Sejahtera Clinic Gombak / Gambang, IIUM Poliklinik Primer Sejahtera Pagoh and IIUM Family Health Clinic Kuantan).
2. Appointment for medical check-up will be given after registered as an IIUM student. Advisable to **walk-in or call** to schedule appointment.
3. Kindly note medical check-up done at any other place will not be accepted.

The candidate is required to:

1. Download and print the Medical Check-Up Form from the link provided by the Academic Management & Admission Division (AMAD), Centre for Postgraduate Studies (CPS), and Centre for Foundation Studies (CFS). The form can also be downloaded from the website of IIUM Sejahtera Clinic
2. In order to prevent wastage, kindly ***print the form on both sides*** of the A4 papers.
3. Please read carefully and fill in all relevant sections in **CAPITAL LETTERS** and bring it to the clinic on the day of appointment given
4. **(COMPULSORY)** Affix a colour passport-size photograph (not older than 6 months) in the box provided
5. To fill in **SECTION 1,2,3** completely
6. Write your full name and matric number legibly in the bar provided on top of each page
7. Bring all the records of current or past medical/ surgical treatment from any health care provider including care from an alternative medical practitioner and medicines (including herbal & vitamins) currently being taken to the clinic on the day of your appointment.
8. For *ALL STUDENTS from all Kulliyyahs*, are required to give a signature for the **CONSENT FORM FOR SEXUALLY TRANSMITTED DISEASES/DRUGS SCREENING** (Page 4)
9. For *INTERNATIONAL STUDENTS*, are required to give signature for **CONSENT FORM FOR SEXUALLY TRANSMITTED DISEASES/DRUGS SCREENING** and **HEALTH DECLARATION FORM** (Page 4)
10. For candidate below 18-year-old, *PARENTS/GUARDIAN* are required to give signature for **AUTHORIZATION FOR ANESTHESIA AND SURGICAL PROCEDURE** (page 5)

For **X-ray procedure**, please scan the QR code for further information

MALE

FEMALE

For **any further enquiries**, kindly call during office hours:-

IIUM Sejahtera Clinic (ISC), Gambang Campus	: 09-5183577
IIUM Sejahtera Clinic (ISC), Gombak Campus	: 03-64214444
Poliklinik Primer Sejahtera (PoPS), Pagoh Campus	: 06-9747550
Family Health Clinic (FHC), Kuantan Campus	: 09-5704444

IIUM Sejahtera Clinic

For Clinic Use:	
Malaysian	
International	
Renew Visa	

HEALTH EXAMINATION REPORT - (STUDENT)

Passport size Photo

(compulsory)

SECTION 1 - PERSONAL DETAILS

FULL NAME (as per NRIC / Passport):			
NRIC NO. / PASSPORT NO:			
MATRIC NO.:			
KULLIYAH:			
DATE OF BIRTH (ddmmyy):			
GENDER:	Male / Female	STATUS:	Single / Married / Divorce
NATIONALITY:		DISABILITY/OKU:	
ADDRESS:			
CONTACT NO.:			
EMAIL:			
MAHALLAH:			
NAME OF PARENT / GUARDIAN: **(In case of emergency)**			
RELATION TO CANDIDATE:		CONTACT NO:	
ADDRESS: (Please state if different from above address)			

SECTION 1B – IMMUNISATION HISTORY

IMMUNIZATION HISTORY		(please state last date taken)			
1.	BCG Vaccine (TB Vaccine)		5.	Meningococcal Vaccine	
2.	MMR Vaccine (Measles, Mumps and Rubella)		6.	Hepatitis B Vaccine	
3.	DTaP Vaccine (Diphtheria, tetanus & pertussis)		7.	Covid Vaccine	
4.	Yellow Fever* (please state date)				

*A valid Yellow Fever vaccination certificate is mandatory for all travelers' coming from or having transited (more than 12 hours) through countries with risk of Yellow Fever transmission.

International candidate is required to bring along the International Certificate of Vaccination for verification of information.

FULL NAME:	MATRIC NO.

SECTION 1C – Please tick (√) the relevant box.

Explain in detail if **you** or **family members (parents and siblings)** have any of the following medical problems / conditions:

LIST OF MEDICAL PROBLEMS / CONDITIONS		SELF		FAMILY		IF 'YES' PLEASE EXPLAIN
		YES	NO	YES	NO	
1.	Drug allergy					
2.	Smoking / Vaping (current / past)					
3.	Diabetes mellitus					
4.	Hypertension					
5.	Heart or vascular disease(s)					
6.	Bronchial asthma					
7.	Gastritis					
8.	Thyroid disorder					
9.	Kidney disorder					
10.	Tuberculosis					
11.	Epilepsy / Seizures					
12.	Congenital / Inherited disorder(s)*					
13.	Mental Illness(es)					
14.	Neurological disorder(s)**					
15.	Cancer					
16.	Disability / OKU					
17.	Slipped disc / Scoliosis					
18.	Hepatitis B / Hepatitis C					
19.	HIV / AIDS / Syphilis					
20.	Sexually transmitted disease(s)					
21.	Drugs use / abuse					
	Opiate					
	Methamphetamine					
	Amphetamine					
	Cannabinoids					
22.	History of blood transfusion					
23.	History of surgery					
24.	Other Illness(es) – not in the list					
25.	List of current medication(s) (if any) as prescribed dosage(s)					

* Medical conditions present since birth

**Neurological disorders include Migraines, Stroke, Motor neuron disease, Dementia / Alzheimer's disease, and Parkinson's disease

If you have sought consultation for any of the above-listed conditions, you are required to submit your medical report from your attending doctor.

FULL NAME:	MATRIC NO.

SECTION 2 - TB SCREENING

1. Do you have any of the following symptoms for the **past one month**?

	√ or X		**√ or X**
Prolonged cough		Loss weight	
Night sweat		Coughing blood	
Loss appetite		Close TB contact (family members/ co-workers/ friends)	

Note: if candidate has any of the symptoms, further evaluation, and investigations (AFB sputum examination and chest X-ray) need to be done for screening of TB

SECTION 3 – MENTAL HEALTH QUESTIONNAIRE

		YES	NO
1.	Have you often been bothered by feeling down, depressed, or hopeless for the **past one month**?		
2.	Have you often been bothered by little interest or pleasure in doing things you like for the **past one month**?		

How often have you been bothered by the following problems, for the **past two weeks**?					
		Not at all	Several days	More than half the days	Nearly every day
3.	Feeling nervous, anxious, or on edge	0	+1	+2	+3
4.	Not being able to stop or control worrying	0	+1	+2	+3

I hereby certify that all information given above is true. I also understand that my application will be rejected and the consequences in case the information given was found false.

Candidate's signature

_____
Name (as per NRIC / Passport:
NRIC No:
Date:

Witness' signature

_____
Name:
NRIC / Passport No.:
Date:

FULL NAME:	MATRIC NO.

CONSENT FORM FOR SEXUALLY TRANSMITTED DISEASES / DRUGS SCREENING

I, _____ NRIC / Passport No. _____ Student ID _____, hereby agree to undergo STDs / drugs screening at IIUM Sejahtera Clinic / POPs / FHC (when indicated). I fully understand the implications involved with the above-mentioned procedure.

_____

Signature
Full Name (as per NRIC / Passport):
NRIC/Passport No:
Date:

_____

Witness' Signature (by Clinical Staff)
Full Name
NRIC / Passport No:
Date:

HEALTH DECLARATION FORM
(for International Students only)

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me UNSUITABLE for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any condition that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic / University Health Centre shall not be responsible in any manner or what so ever, arising out of EMGS Panel Clinic / University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold Panel Clinic / University Health Centre harmless from any loss or liability arising from the decision and agree to indemnity if and keep Panel Clinic / University Health Centre from any loss or liability arising from this decision.

_____

Candidate's Signature
Full Name (as per Passport):
Passport No:
Date:

FULL NAME:	MATRIC NO.

AUTHORIZATION FOR ANESTHESIA AND SURGICAL PROCEDURE

Please note: This page is to be signed by parent / guardian of the student below 18 years of age

MEDICAL OFFICER/PEGAWAI PERUBATAN
IIUM Sejahtera Clinic
International Islamic University Malaysia
Jalan Gombak, 53100 Kuala Lumpur

I _____ NRIC / Passport No. _____
Father/ Mother/ Guardian of (name of the student) _____ hereby authorize the Medical Officer to sign on my behalf for anaesthesia or carry out a surgical procedure on the applicant in my absence in the event of an emergency as confirmed by the attending doctor, when required.

I will absolve the International Islamic University Malaysia of any claims or responsibilities from any unfavourable consequences arising from the said procedure.

Yours faithfully,

_____
Signature of Father/ Mother/ Guardian
Name of Father/ Mother/ Guardian :_____
Address :_____
_____
_____
Phone Number :_____
Date :_____

(END OF PAGE FOR CANDIDATE SECTION)

FULL NAME:	MATRIC NO.

(SECTIONS BELOW FOR DOCTORS AND MEDICAL PERSONNELS)

SECTION 4: EXAMINATIONS

A. GENERAL EXAMINATION		
Blood Pressure:	Pulse rate:	
	Left eye	Right eye
Visual Acuity (Unaided / Aided)		
Pinhole test		
Colour vision	Normal	Abnormal:

Height (cm):	Weight (kg):	BMI:

B. SYSTEMIC EXAMINATION			
	NORMAL	ABNORMAL	COMMENT
SKIN			
EARS			
NOSE			
ORAL CAVITY & THROAT			
NECK			
HEART			
LUNGS			
ABDOMEN			
SPINE			
NERVOUS SYSTEM			
MUSCULOSKELETAL			

C. MENTAL HEALTH ASSESSMENT					
General Appearance		Neat & tidy		Untidy	
Speech	Coherent	Yes		No	
	Relevant	Yes		No	
Mood	Depressed	Yes		No	
	Anxious	Yes		No	
	Irritable	Yes		No	
Affect		Appropriate		Inappropriate	
Thought	Delusion	Yes		No	
	Suicidality	Yes		No	
Perception	Hallucination	Yes		No	
Orientation	Time	Yes		No	
	Place	Yes		No	
	Person	Yes		No	

FULL NAME:	MATRIC NO.

SECTION 5 - INVESTIGATIONS

MALAYSIAN	
A. URINE TEST	
Glucose	
Protein	
B. BLOOD TEST	
Hepatitis B antigen	
Hepatitis C antibody	
HIV antibody	
VDRL / TPHA (VDRL reactive, for TPHA)	

INTERNATIONAL	
A. URINE TEST	
Glucose	
Protein	
Opiate	
Amphetamines	
Cannabinoids	
Methamphetamine	
B. BLOOD TEST	
Hepatitis B antigen	
Hepatitis C antibody	
HIV antibody	
VDRL / TPHA (VDRL reactive, for TPHA)	
Malaria Parasite	

C. CHEST X-RAY (Compulsory for International Students)				
DATE TAKEN				
PLACE TAKEN				
X-ray Reference Number				(refer to Ac. Nb on the xray)
		NORMAL	ABNORMAL	COMMENTS
i.	Thoracic cage			
ii.	Heart shape & size			
iii.	Lung fields			
iv.	Mediastinum & Hilar region			
v.	Diaphragms & Costophrenic angles			
vi.	Spine / Scoliosis			
vii.	Overall Impression			

Note: Chest X-ray is NOT mandatory for Malaysian Student. If indicated, any X-ray MUST be charged as per protocol.

FULL NAME:	MATRIC NO.

SECTION 6 – CERTIFICATION BY THE EXAMINING DOCTOR

It is hereby certified that:

Candidate has the following medical conditions:	List of medications with prescribed dosage(s)
1.	a.
2.	b.
3.	c.
4.	d.
5.	e.
6.	f.

	Candidate is in a good health and fit for study
	Candidate has medical condition and fit for study
	Candidate has unsatisfactory medical check-up outcome and need further evaluation

Doctor's signature & Stamp

_____

Date:

For International Islamic University Malaysia (IIUM) Doctors Verification
(if candidate did medical check-up from any clinic other than ISC / FHC)

	Candidate is in a good health and fit for study
	Candidate has medical condition and fit for study
	Candidate has unsatisfactory medical check-up outcome and need further evaluation

Doctor's signature & Stamp

_____

Date: