Education MALAYSIA

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS
SECTION 1 (PART A)

FULL NAME (AS IN PASSPORT)

Y[redacted]

INTERNATIONAL PASSPORT NUMBER

[redacted]

BLOOD GROUP (RHESUS)

A+

NATIONALITY

JORDAN

CONTACT NUMBER IN MALAYSIA

DATE OF BIRTH

10-MARCH-1999

AGE

17

SEX

MALE

MARITAL STATUS

SINGLE

ACADEMIC YEAR

2016 - 2017

STUDENT ID

11640272

PROGRAMME OF STUDY

MECHANICAL ENGIEERING

PROGRAMME CODE

NEXT OF KIN

ABDALLAH

NEXT OF KIN'S ADDRESS

HAWLLy, JUNIS STREET
BLOCK-7 KUWAIT

NEXT OF KIN'S CONTACT NUMBER

0096[redacted]66

The details of the blood type recorded here are as reported by the patient and have not been tested or verified to be correct by the medical practitioner completing this online medical screening questionnaire. The medical practitioner completing this form disclaims any and all liability to the fullest extent permitted by law for any personal injury, suffering or loss caused by any reliance on this information by any other party.

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 1 (PART B)

Declaration of self and family illness. Explain in full if you or your immediate* family has any of the following illnesses. * Immediate family refers to mother, brothers / sisters.

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state details
	Yes	No	Yes	No	
1. Congenital or Inherited Disorder		NO		NO	
2. Allergy		NO		NO	
3. Mental Illness		NO		NO	
4. Fits, Stroke, Other Neurological Disease		NO		NO	
5. Diabetes Mellitus		NO		NO	
6. Hypertension		NO		NO	
7. Heart or Vascular Disease		NO		NO	
8. Asthma		NO		NO	
9. Thyroid Disease		NO		NO	
10. Kidney Disease		NO		NO	
11. Cancer		NO		NO	
12. History of Surgery		NO			
13. Tuberculosis (TB)		NO		NO	
14. HIV / AIDS		NO		NO	
15. Hepatitis B		NO		NO	
16. Sexually Transmitted Diseases		NO			
17. Drug Addiction		NO			
18. Other Illnesses		NO			

Current medication (Long Term)

VACCINATION HISTORY (where applicable)	Yes	No	Date of Vaccination
1. Yellow Fever		NO	
2. BCG			
3. Meningitis (Quadrivalent)	YES		25-3-2001
4. Hepatitis B	YES		18-9-1999
5. Polio	YES		25-9-2001
6. Measles	YES		21-9-2003
7. Rubella	YES		21-9-2003
8. Others (specify)			

Notes :
1. *A valid Yellow Fever vaccination certificate is required from all travellers coming from or transited more than 12 hours through countries with risk of Yellow Fever transmission.
2. All students are required to take vaccines as listed in numbers 2-7 above.
3. The students are required to bring along the International Certificate of Vaccination or Prophylaxis with them for verification of information.

Dr Shireen M. Ahmad

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION

FULL NAME (AS IN PASSPORT)

[redacted]D

INTERNATIONAL PASSPORT NUMBER

[redacted]

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

17 - 7 - 2016

EMGS REFERENCE NUMBER

1. BASIC MEASUREMENT

HEIGHT (m) :	WEIGHT (kg)	BMI(kg/m²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE: SYSTOLIC (mmHg)	DIASTOLIC (mmHg)
173cm	85 kg	28.4	74	120	80

VISION TEST	NORMAL	DEFECTIVE
UNAIDED (L)	NORMAL	
UNAIDED (R)	NORMAL.	
AIDED (L)		
AIDED (R)		

COLOR VISION TEST

COMMENT

NORMAL

HEARING ABILITY	NORMAL	DEFECTIVE	COMMENT
LEFT			
RIGHT			

2. GENERAL EXAMINATION

ITEM	YES / ABNORMAL	NO / NORMAL	COMMENT
a. DEFORMITIES		NORMAL	
b. PALLOR		NORMAL	
c. CYANOSIS		NORMAL	
d. JAUNDICE		NORMAL	
e. OEDEMA		NORMAL	
f. SKIN DISEASES		NORMAL	

3. SYSTEMIC EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
g. EYES (including funduscopy)	NOT	DONE	
h. EARS	NORMAL		
i. NOSE	NORMAL		
j. ORAL CAVITY / THROAT	NORMAL.		
k. NECK	NORMAL		
l. CARDIOVASCULAR SYSTEM	NORMAL		
m. RESPIRATORY SYSTEM	NORMAL		
n. ABDOMEN/HERNIAL ORIFICES	NORMAL		
o. NERVOUS SYSTEM	NORMAL		
p. MENTAL STATUS	NORMAL		
q. MUSCULOSKELETAL SYSTEM	NORMAL		

Dr. Sherreen M. Ahmed

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2A - PHYSICAL EXAMINATION - EBOLA

FULL NAME (AS IN PASSPORT)

[redacted]

INTERNATIONAL PASSPORT NUMBER

[redacted]

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

17 - 7 - 2016

EMGS REFERENCE NUMBER

Have you in the last 30 days travelled to or from the following Ebola affected countries:

ITEM	YES	NO	COMMENT
Guinea		NO	
Sierra Leone		NO	
Liberia		NO	
Nigeria		NO	
Others (please specify)		NO	

Have you in the last 30 days come into contact with someone, who has in the last 30 days, traveled to or from the following Ebola affected countries:

ITEM	YES	NO	COMMENT
Guinea		NO	
Sierra Leone		NO	
Liberia		NO	
Nigeria		NO	
Others (please specify)		NO	

Have you in the last 30 days come into contact with Ebola infected persons or animals?

ITEM	YES	NO	COMMENT
YES/NO		NO	

Do you have any of the following Ebola virus symptoms?

ITEM	YES	NO	COMMENT
Sudden onset of fever		NO	
Intense weakness		NO	
Myalgia		NO	
Headache		NO	
Sore Throat		NO	
Vomiting		NO	
Diarrhoea		NO	
Rashes		NO	
Haematuria		NO	
Bloody Stool		NO	
Internal or external bleeding		NO	
Others (please specify)			

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 3 - LABORATORY RESULTS

FULL NAME (AS IN PASSPORT)

Y[redacted]D

INTERNATIONAL PASSPORT NUMBER

O[redacted]

EMGS REFERENCE NUMBER

DATE OF LAB TEST

NAME OF LAB

URINE TEST

ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a. ALBUMIN		NEGATIVE/NORMAL	
b SUGAR		NEGATIVE/NORMAL	
c. MICROSCOPIC EXAMINATION		NEGATIVE/NORMAL	
d OPIATES (INCLUDING CODEINE, MORPHINE, HEROIN)		NEGATIVE/NORMAL	
e. CANNABINOIDS		NEGATIVE/NORMAL	
f AMPHETAMINE TYPE STIMULANT		NEGATIVE/NORMAL	

BLOOD TEST

ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a. HEPATITIS Bs ANTIGEN		NEGATIVE/NORMAL	
c HIV		NEGATIVE/NORMAL	
d. VDRL		NEGATIVE/NORMAL	
d TPHA			
e. MALARIAL PARASITES		NEGATIVE/NORMAL	

* TPHA is done if VDRL is reactive
** all test results / reports is valid for 6 months

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 4 - CHEST X-RAY FINDINGS

FULL NAME (AS IN PASSPORT)

Y[redacted]

INTERNATIONAL PASSPORT NUMBER

O[redacted]

EMGS REFERENCE NUMBER

DATE OF CHEST X-RAY

12-7-2016

PLACE OF CHEST X-RAY

Mubarak AL-Kabeer Hospital

CHEST X-RAY NO.

294875

COMMENT

NORMAL STUDY FOR X-RAY

ITEM	NORMAL	ABNORMAL	COMMENT
THORACIC CAGE	NORMAL		
HEART SHAPE AND SIZE CTR IF APPLICABLE)	NORMAL		
LUNG FIELDS	NORMAL		
MEDIASTHNUM AND HILA	NORMAL		
PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES	NORMAL		
FOCAL LESION	NORMAL		
ANY OTHER ABNORMALITIES	NORMAL		
IMPRESSION	NORMAL		Unremarkable X-ray

Dr. Shereen M.

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR

FULL NAME (AS IN PASSPORT)

Y[redacted]

INTERNATIONAL PASSPORT NUMBER

O[redacted]

EMGS REFERENCE NUMBER

TYPE OF APPLICATION

DATE OF CERTIFICATION

11/7/2016

ITEM	ABNORMAL
HIV	negative NEGATIVE
HEPATITIS B	negative NEGATIVE
TUBERCULOSIS	NEGATIVE
MALARIA	NEGATIVE
TYPHOID	NEGATIVE
SEXUALLY TRANSMITTED DISEASES	NEGATIVE
PSYCHIATRIC DISORDERS	NEGATIVE
EPILEPSY	NEGATIVE
HIS/HER URINE FOR AMPHETAMINE TYPE STIMULANTS (ATS) (SCREENING TEST)	NEGATIVE
HIS/HER URINE FOR OPEATES (SCREEENING TEST)	NEGATIVE
HIS/HER URINE FOR CANNABINOIDS (SCREENING TEST)	NEGATIVE
OTHERS (PLEASE SPECIFY UNDER COMMENTS)	NEGATIVE

HEREBY THE STUDENT IS CERTIFIED AS

✓ SUITABLE UNSUITABLE

FOR STUDY IN MALAYSIA.

COMMENT

MEDICALLY FIT BY PHYSICAL EXAMINATION

NAME OF EXAMINING DOCTOR

Dr. Asmaa M. AL-Sheashai
Registered Assistant Doc.

DR. ASMAA AL-SHEASHAI

QUALIFICATION OF EXAMINING DOCTOR

SCHOOL HEALTH

HOSPITAL/CLINIC REGISTRATION NUMBER

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مستشفى الواحة
ALWAHA HOSPITAL
جميع التخصصات الطبية

Name:- [redacted] الاسم:
Referring physician:- مستشفى الواحة

Code:- 100757
Date :- 9/15/2016

Immunology Unit

		Reference Range
HIV 1&II Abs	Negative	Negative

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مستشفى الواحة الجامعية

مستشفى الواحة الطبية
العيادات الخارجية

Lab medical director
Prof Dr.

نحن بعون الله نرعاكم

٢٩ ص - بوابة حورس - حدائق الأهرام - الجيزة
تليفون : ٠١٢٠٠٠٧٠٧٦٠ - ٠١١٢٥٣٨٨٣
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مستشفى الواحة
ALWAHA HOSPITAL
جميع التخصصات الطبية

Name:- [redacted] الاسم Code:- 100757
Referring physician:- مستشفى الواحة Date :- 9/15/2016

Viral Hepatitis Markers

		Ref range
HBs Ag	Negative	Negative: <0.258
HCV Ab - 3rd generation	Negative	Negative: <0.23

Lab medical director
Prof. Dr.

نحن بعون الله نرعاكم

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مستشفى الواحة
ALWAHA HOSPITAL
جسرة التخصصات الطبية

Name:- [redacted] الاستاذ Code:- 100757
Referring physicians:- مستشفى الواحة Date :- 9/15/2016

Drug Abuse Profile

Sample	urine
Specific gravity (N: 1.015 - 1.025)	1020
Cannabinoids	Nil
Morphine	Nil
Heroin	Nil
Opiate	Nil
Amphetamines	Nil
Cocaine	Nil
Barbiturates (Phenobarbital)	Nil
Benzodiazepine (Valium)	Nil
Alcohol	Nil
Tramadol	Nil

Lab medical director
Prof Dr.

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مستشفى الـواحـة
ALWAHA HOSPITAL
جميع التخصصات الطبية

Name:- [redacted]il الاستاذ Code:- 100757
Referring physician:- مستشفى الواحة Date :- 9/15/2016

Urine analysis

Physical Examination:

Volume	Sample
Colour	Yellow
Aspect	Turbid
Sp. Gr	1020
Reaction (pH)	Acidic

Chemical Examination:

Albumin	Nil
Glucose	Nil
Ketones	Nil
Nitrite	Negative
Bilirubin	Nil
Urobilinogen	Nil

Microscopic Examination:

Pus cells	2-4	/HPF
RBCs	0-2	/HPF
Epithelial Cells	Nil	
Casts	NIL	
Crystals	NIL	
Amorphous	NIL	
Others		

Lab medical director
Prof Dr.

نحن بعون الله نرعاكم

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مستشفى الواحة
ALWAHA HOSPITAL
جميع التخصصات الطبية

Name:- [redacted] Code:- 100757
Referring physician:- مستشفى الواحة Date :- 9/15/2016

ABO	B
RH Type	Positive

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مستشفى الواحة التخصصية

مستشفى الواحة الطبية
العيادات الخارجية

Medical director
Prof Dr.

نحن نعون الله قرعاكم

مستشفى الواحة
ALWAHA HOSPITAL
جميع التخصصات الطبية

Name:- [redacted] الاسم Code:- 100757
Referring physician:- مستشفى الواحة Date :- 9/15/2016

		Reference range
Blood film for Malaria	ABSENT	

Comment No malaria parasites were encountered

مستشفى الواحة الطبية
العيادات الخارجية

مستشفى الواحة الطبية

Lab medical director
Prof Dr.

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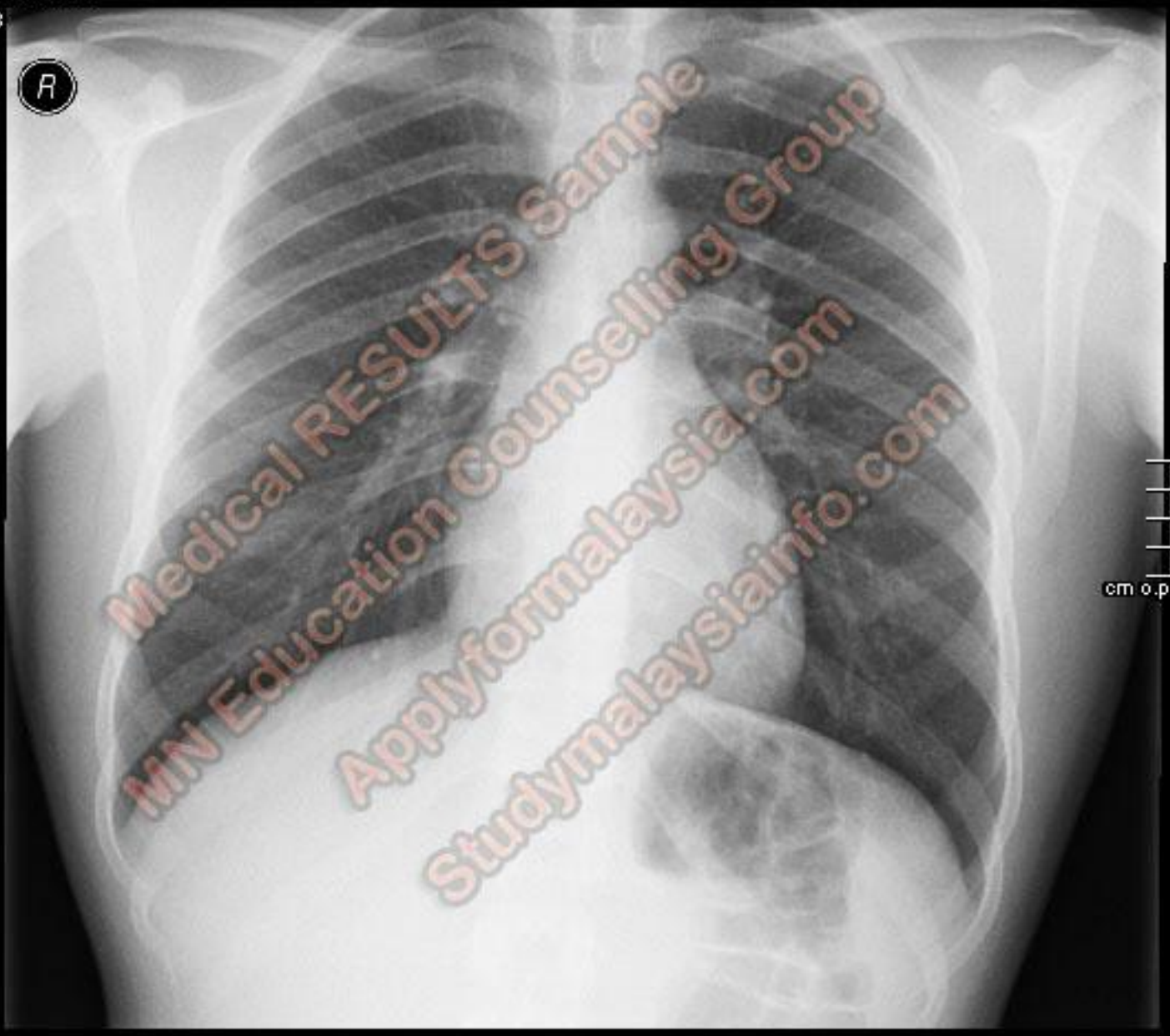

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