

To all international students

RE: RENEWAL OF STUDENT PASS

The University wishes to notify you that international students must possess a valid Student Pass in order to pursue their tertiary education in Malaysia. The Student Pass application will be managed by the University. As such, the following fees are required by the Malaysian Immigration Department at the time of application:

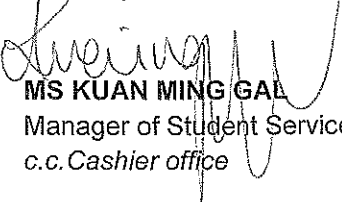
Type of fee	Rate in (RM)
Student Pass Processing fee (Renewal)	140 (yearly)
Student Pass Sticker	60 (yearly)
Multiple entry visa	Subject to countries. Please refer to table attached
Medical check up	250 (yearly)

Please pay at the Cashier's office and take this letter with you. Remember to fill in your personal details before you make the payment. Payment must be made at least 3 months before the expiry date of your current student pass/visa. Please note that your passport must be valid for at least 1 year from the date of expiry of your student pass.

You are required to complete a medical checkup at selected panel clinics (as per attached) for your reference. Please note that you should only make an appointment for the medical checkup once student services inform you.

Should you require further information on Student Pass matters, please call us at 60-3-2731 7339 / 7226 or email us at nurulshuhada_awayudin@imu.edu.my / peijean_sue@imu.edu.my

Sincerely,



MS KUAN MING GAL
Manager of Student Services
c.c. Cashier office

**HEALTH EXAMINATION GUIDELINES FOR STUDENT PASS /
DEPENDANT PASS ISSUANCE IN MALAYSIA**
(Required by the Government of Malaysia)

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN THE **ENGLISH** LANGUAGE.
3. PLEASE WRITE IN **CAPITAL LETTERS**.
4. THIS FORM HAS 4 SECTIONS:
 - (a) SECTION 1 (PART A AND B) TO BE COMPLETED BY THE APPLICANT & ALL FIELDS ARE MANDATORY; AND
 - (b) SECTION 2, 3 AND 4 TO BE COMPLETED BY THE EXAMINING DOCTOR AT THE CLINIC/HOSPITAL DULY APPOINTED BY EMGS
5. PLEASE COMPLETE ALL THE TESTS REQUIRED IN THIS FORM.
6. MEDICAL EXAMINATIONS REPORT COMPLETION AND SUBMISSION REQUIREMENTS

THIS REPORT MUST TO BE COMPLETED **WITHIN 7 WORKING DAYS** FROM THE DATE OF ENTRY FOR ONWARDS SUBMISSION OF COMPLETE REPORT TO EMGS BY THE CLINIC/HOSPITAL **WITHIN 4 WORKING DAYS** THEREAFTER.
7. PLEASE ENSURE THE **CHEST X-RAY** FILM IS **LABELLED** WITH YOUR NAME AND DATE TAKEN (IN ENGLISH).
8. EMGS RESERVES THE RIGHT TO REQUEST FOR A REPEAT COMPLETE MEDICAL CHECK-UP OR ANY SPECIFIC LABORATORY TESTS SHOULD THERE BE ANY DOUBT IN THE MEDICAL REPORT SUBMITTED. ALL COSTS INVOLVED SHALL BE BORNE BY THE STUDENTS AND THE DEPENDANTS. IN THE EVENT OF FAILING THE MEDICAL EXAMINATION, NO REFUND IS PAYABLE.
9. THE RESULTS OF THE HEALTH EXAMINATION WILL BE USED BY EMGS AND/OR THE EMGS APPOINTED INSURANCE COMPANIES IN CONCLUDING THE HEALTH INSURANCE COVERAGE WHICH HAS BEEN CONDITIONALLY OFFERED TO STUDENT/DEPENDANT WITH EFFECT FROM THE DATE OF ENTRY, SUBJECT TO REVIEW AND ACCEPTANCE OF THIS HEALTH EXAMINATION REPORT.
10. EMGS AND/OR THE EMGS APPOINTED INSURANCE COMPANIES RESERVE THE RIGHT TO REVOKE THE HEALTH INSURANCE CONDITIONALLY OFFERED TO STUDENT OR DEPENDANT IF THERE IS EVIDENCE THAT THE STUDENT/DEPENDANT HAS GIVEN FALSE INFORMATION IN THE HEALTH EXAMINATION REPORT OR ANY SUPPORTING DOCUMENTS.

THIS MAY ALSO TRIGGER THE REVOCATION OF STUDENT/DEPENDANT PASS/VISA ISSUED BY THE IMMIGRATION OF MALAYSIA.

SECTION 1

(PART B) – Please tick (✓) in the relevant box.

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 father, mother, brothers / sisters

MEDICAL HISTORY	SELF		IMMEDIATE FAMILY		If "Yes" please state details
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
4. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illnesses					

If on any medication, please state below:

IMMUNISATION HISTORY (where applicable)	Yes	No	Date of last immunization
1. Yellow Fever			
2. BCG			
3. Meningitis (Quadrivalent)			
4. Hepatitis B			
5. Others:			

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

Date:

Signature of student 

SECTION 2 - PHYSICAL EXAMINATION
(To be completed by EXAMINING DOCTOR)

Date of Medical Screening:

Type of Application*: NEW / VARIATION / RENEWAL

EMGS Reference Number:

*Delete as appropriate

Has the Consent Letter been signed by the foreign student/dependant? YES / NO

Has the Letter of Undertaking been signed by the foreign student/dependant? YES / NO

1. GENERAL EXAMINATION			
HEIGHT :	m	BLOOD PRESSURE	
WEIGHT:	kg	SYSTOLIC:	mmHg
PULSE RATE:	per minute	DIASTOLIC:	mmHg
VISION TEST		COLOUR VISION TEST:	
		NORMAL / ABNORMAL	
	Normal		
	Defective		
Unaided	L		
	R		
Aided	L		
	R		

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR/ANAEMIA			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including funduscopy)			
b. EARS/HEARING ABILITY			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL STATUS			
k. MUSCULOSKELETAL SYSTEM			
L. ANAESTHETIC SKIN PATCH			
m. LYMPH NODE ENLARGEMENT			
n. GENITOURINARY SYSTEM			

SECTION 3 - MEDICAL EXAMINATIONS
(To be completed by EXAMINING DOCTOR)

URINE TEST			
ITEM	POSITIVE/ ABNORMAL	NEGATIVE/ NORMAL	COMMENT
a. ALBUMIN			
b. SUGAR			
c. MICROSCOPIC EXAMINATION			
d. MORPHINE			
e. CANNABIS			
f. AMPHETAMINE-TYPE STIMULANT			

BLOOD TEST			
ITEM	POSITIVE/ ABNORMAL	NEGATIVE/ NORMAL	COMMENT
a. HEPATITIS Bs ANTIGEN			
b. HEPATITIS C ANTIBODY			
c. HIV			
d. VDRL / TPHA			
e. MALARIA PARASITE			
f. SERUM CREATININE			

CHEST X-RAY INFORMATION	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
Comments (if any)	

DESCRIPTION	NORMAL	ABNORMAL
1. Thoracic cage		
2. Heart shape and size (CTR if applicable)		
3. Lung fields		
4. Mediastinum and hila		
5. Pleura/Hemidiaphragms/Costophrenic Angles		
6. Focal Lesion (e.g. old/new PTB, malignancy)		
7. Any other abnormalities		
8. Impression		

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (√) in the appropriate box

I certify that I have on this date examined

Mr / Ms Passport No. and

EMGS's Reference No and in my opinion, the applicant:

IS IN GOOD HEALTH AND SUITABLE TO STUDY OR TO RESIDE IN MALAYSIA

IS NOT IN GOOD HEALTH BUT CAN BE CERTIFIED SUITABLE TO STUDY OR TO RESIDE IN MALAYSIA as he/she has given the undertaking to undergo the relevant medical treatment at his/her own cost for (Please state)

For record purposes:

I have on date _____ communicated to the Applicant [with his/her presence at the clinic OR via phone call]* of his/her medical conditions and the required medical treatment.

The Applicant has confirmed to choose to remain in Malaysia and he/she has given the abovementioned undertaking.

* Delete as appropriate

IS NOT IN GOOD HEALTH AND/OR UNSUITABLE TO STUDY OR TO RESIDE IN MALAYSIA due to (Please state)

Date :	_____	Signature of Doctor	:	_____
		Name of Doctor	:	_____
		Qualification	:	_____
		Hospital / Clinic	:	_____
		Registration Number	:	_____
		Official stamp	:	_____

Note: In completing this form, particular attention should be paid to the following points:

- i. In the event of the albumin level being 3+ from the urine test, the laboratory and the examining doctor shall ensure that a further blood test be conducted to test for abnormal serum creatinine levels prior to the examining doctor concluding whether the student or dependant is suitable to study and/or to reside in Malaysia.
- ii. The conclusion shall only be drawn after taking into consideration the guidelines issued by MOHE/MOH as communicated by EMGS.

FOR INTERNAL USE ONLY (TO BE COMPLETED BY EMGS)

(A) Review of MER

1st Level Review

Completed by:

Date:

Proposed conclusion:

MER – Satisfactory, pending 2nd Level review

MER – Unsatisfactory, pending 2nd Level review

Remarks (if any):

2nd Level Review

Completed by:

Date:

Conclusion:

MER - Satisfactory

MER - Unsatisfactory

Remarks (if any):

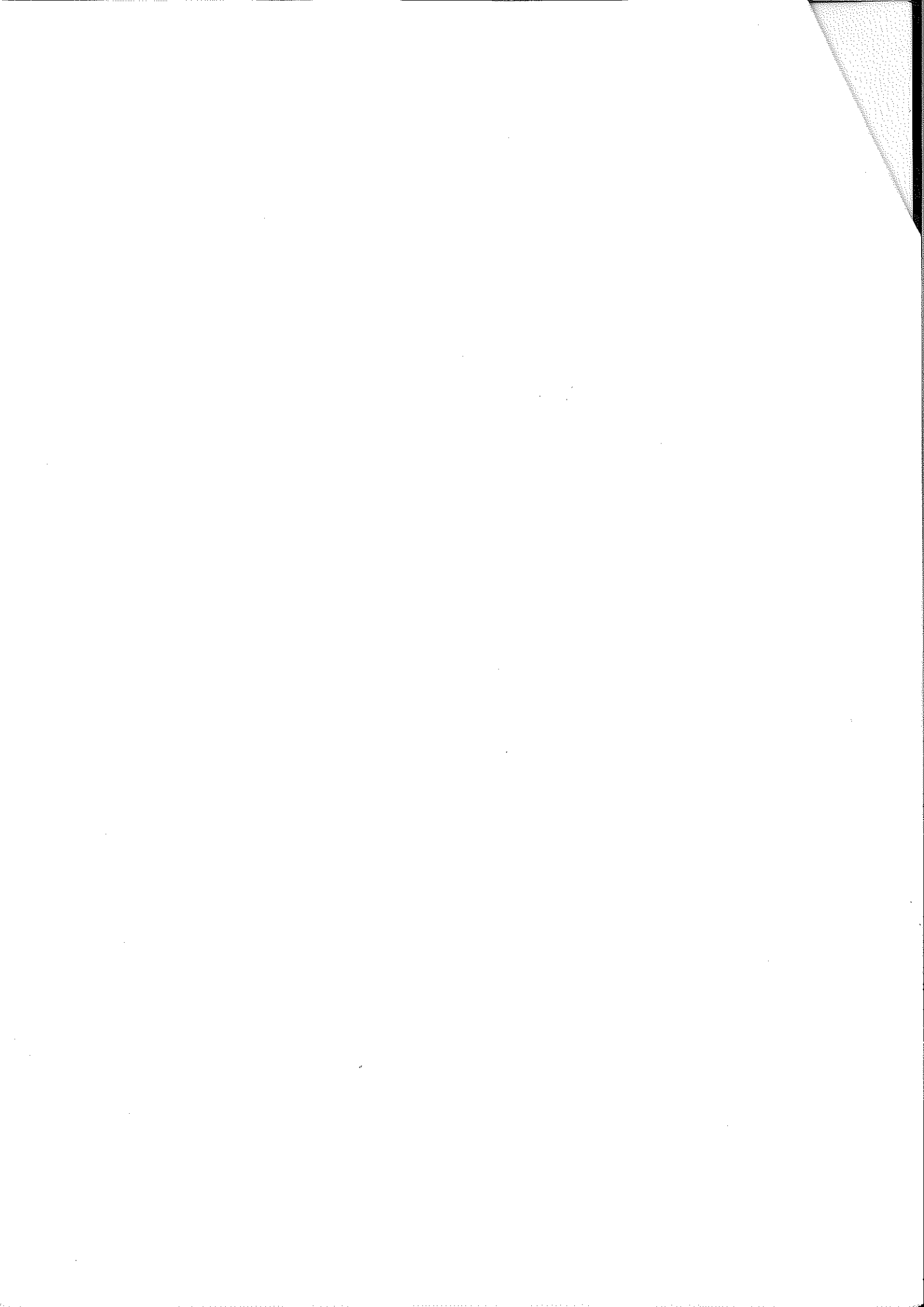
(B) Audit Review

Completed by:

Date:

3

Remarks (if any):



Education Malaysia Global Services
20th Floor, Menara TA One
22, Jalan P. Ramlee
50250 Kuala Lumpur

Reference No:

LETTER OF UNDERTAKING

To: Education Malaysia Global Services

Date: _____

Student Name / Dependant Name: _____

Passport Number: _____ Country of Origin: _____

EMGS Reference Number: _____

Correspondence Address: _____

Telephone Number: (H): _____

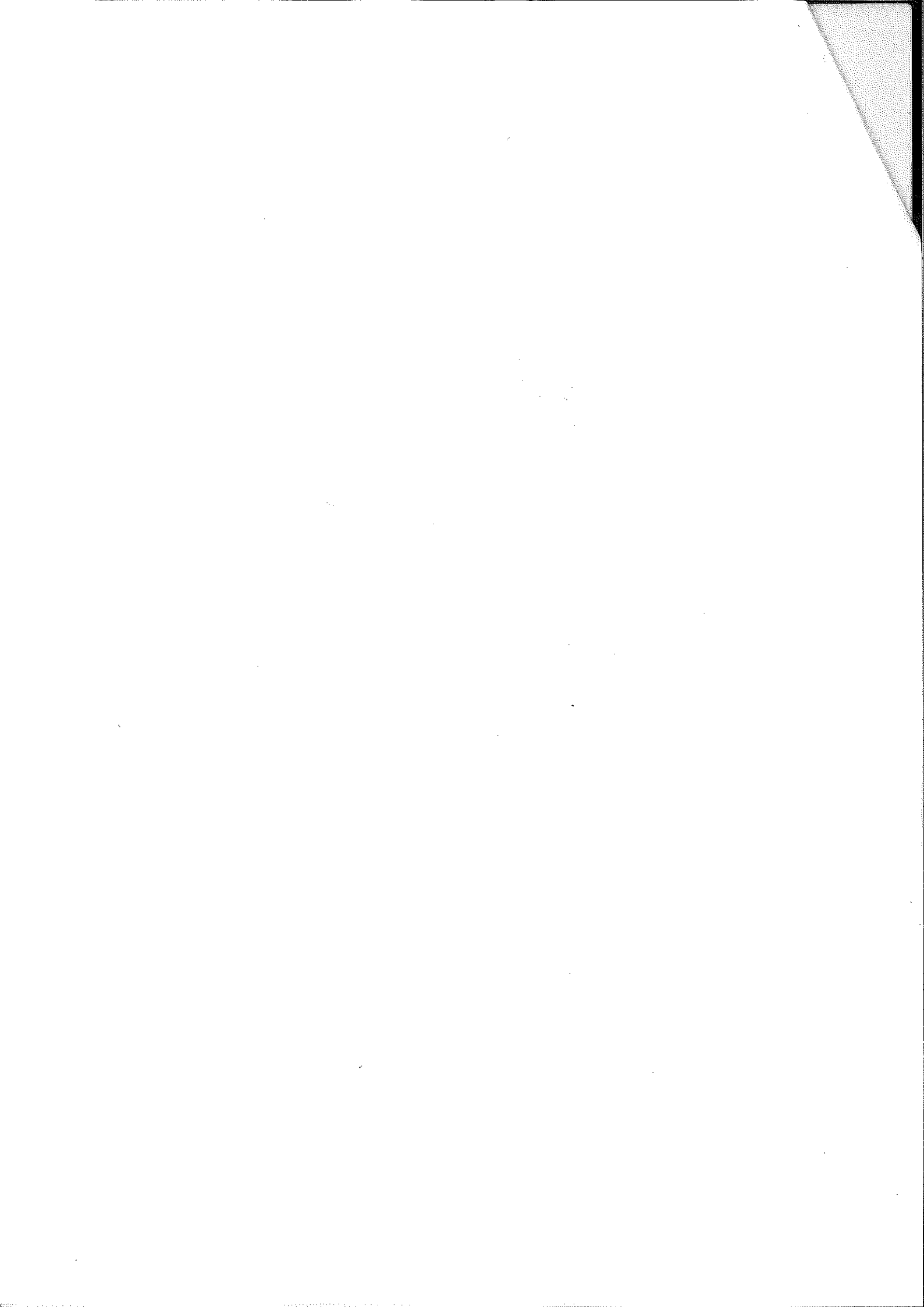
(H/P): _____

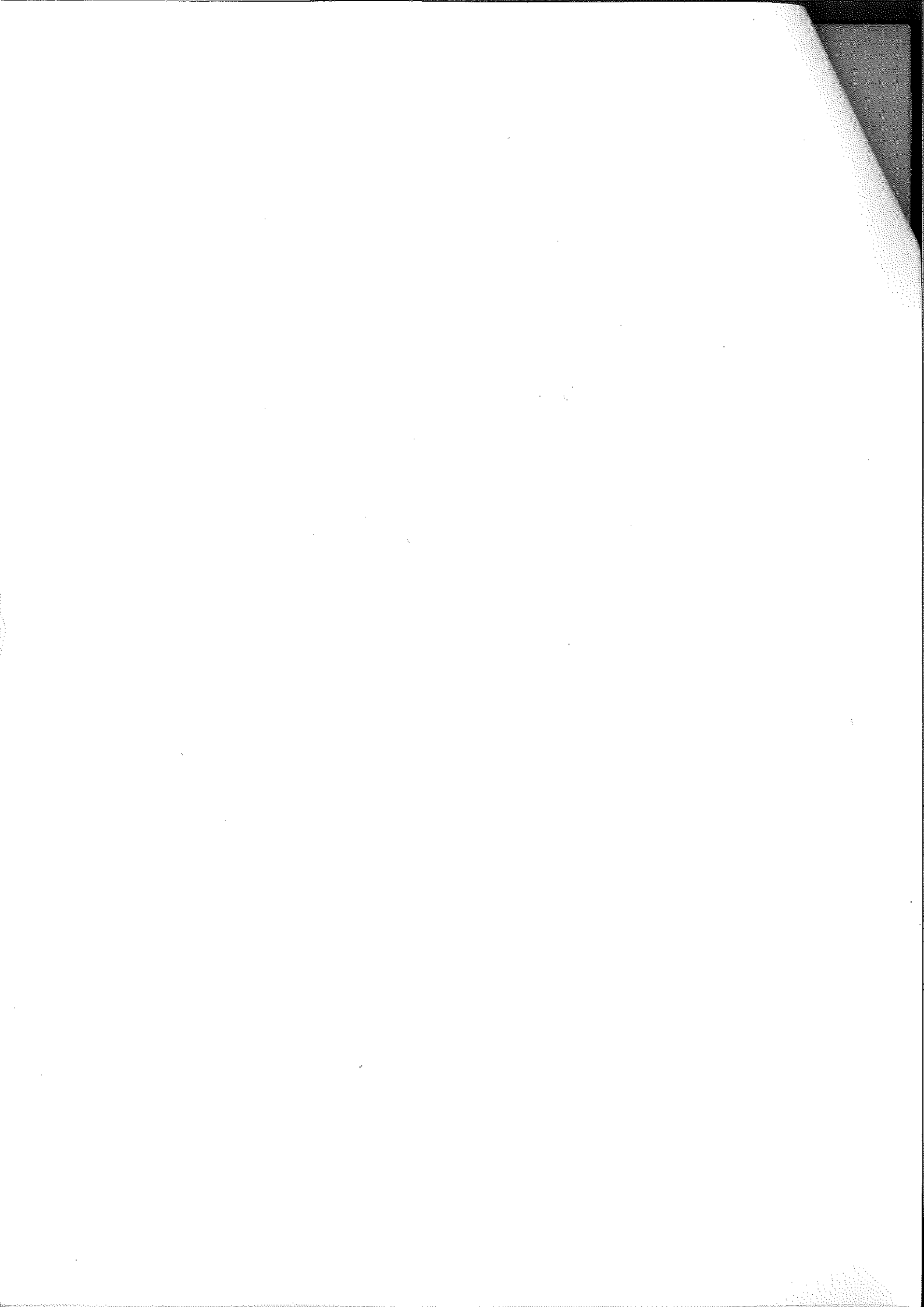
I declare that in the event I should be diagnosed with any condition that does not require my removal from the country but requires medical treatment and I choose to remain in Malaysia to continue my studies I will bear any and all costs relating directly or indirectly towards the medical management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

I confirm that EMGS shall not be responsible in any manner or whatsoever, arising out of EMGS certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS from any loss or liability arising from this decision.

Signature:

Name:





KUALA LUMPUR

NO	NAME OF CLINIC	KL CITY CENTER	CONSULTATION HOURS	X-RAY FACILITIES
1	KUMPULAN MEDIC, MENARA BOUSTEAD (CC101) Tingkat 4, Menara Boustead 69 Jalan Raja Chulan, 50200 Kuala Lumpur Tel: 03-2141 8229 / 2145 8629 Fax: 03-2145 8629 Doctor In charge : Dr. Francis Muga Email: kmbbo@qualitas.com.my	KL CITY CENTER	Monday - Friday 8.30am - 1.00pm 2.00pm - 5.00pm Saturday 8.30am - 1.00pm Sunday & PH Closed	KUMPULAN MEDIC, MENARA BOUSTEAD (CC101) Tingkat 4, Menara Boustead 69 Jalan Raja Chulan, 50200 Kuala Lumpur Tel: 03-2141 8229 / 2145 8629 Fax: 03-2145 8629 Doctor In charge : Dr. Francis Muga Email: kmbbo@qualitas.com.my
2	KLINIK NG DAN LEE, JALAN PUDU (CC102) 462 & 464 Jalan Pudu 55100 Kuala Lumpur Tel: 03-9222 5989/6591 Fax: 03-9222 0752 Doctor In charge : Dr. Abdul Halim @ Mak Koon Kong Email: nlpu@qualitas.com.my	KL-PUDU AREA	24 Hours	KLINIK NG DAN LEE, JALAN PUDU (CC102) 462 & 464 Jalan Pudu 55100 Kuala Lumpur Tel: 03-9222 5989/6591 Fax: 03-9222 0752 Doctor In charge : Dr. Abdul Halim @ Mak Koon Kong Email: nlpu@qualitas.com.my
3	KLINIK CATTERALL, KHOO AND RAJA MALEK, PLAZA SENTRAL (CC103) Suite 3B-3-6, Level 3, Block 3B Plaza Sentral (KL Sentral), Jalan Stesen Sentral 50470 Kuala Lumpur Tel & Fax: 03-2273 0344 Doctor In charge : Dr. Amirtha Davi Email: ckps@qualitas.com.my	KL CENTRAL AREA	Monday - Friday 8.00am - 4.30pm Saturday 8.00am - 12.00noon Sunday & PH Closed	KLINIK CATTERALL, KHOO AND RAJA MALEK, PLAZA SENTRAL (CC103) Suite 3B-3-6, Level 3, Block 3B Plaza Sentral (KL Sentral), Jalan Stesen Sentral 50470 Kuala Lumpur Tel & Fax: 03-2273 0344 Doctor In charge : Dr. Amirtha Davi Email: ckps@qualitas.com.my
4	POLIKLINIK CENTRAL & SURGERI, GOMBAK (CC104) No 20, Jalan Suria Setapak Batu 4 1/2, Jalan Gombak 53000 Kuala Lumpur Tel: 03-4023 4390 Fax: 03-4022 7896 Doctor In charge : Dr. R. S. Kumar Email: pcsg@qualitas.com.my	GOMBAK	Daily Including PH 8.00am - 10.00pm	DAYA X-RAY CENTRE, JALAN RAJA LAUT (DC101) Ground Floor, Menara DBKL 2 (Wisma PKNS) Jalan Raja Laut, 50350 Kuala Lumpur Tel: 03-2698 0981/0710 Fax : 03-2694 4740 Monday - Friday: 8.30am - 1.00pm; 2.00pm - 4.30pm Saturday: 8.30am - 12.00pm Sunday & P.H.: Closed Radiologist: Dato' Dr. Mohan Singh Email: dxkl@qualitas.com.my

KUALA LUMPUR

NO	NAME OF CLINIC	AMPANG AREA	CONSULTATION HOURS	X-RAY FACILITIES
5	KLINIK NG DAN LEE, JALAN AMPANG (CC105) 377 Jalan Ampang 4th Mile 50450 Kuala Lumpur Tel & Fax: 03-4256 0764 Doctor In charge : Dr. Komathy Radhakrishnan Email: nlap@qualitas.com.my	AMPANG	Daily Including PH 8.00am – 9.00pm	KLINIK NG DAN LEE, JALAN AMPANG (CC105) 377 Jalan Ampang 4th Mile 50450 Kuala Lumpur Tel & Fax: 03-4256 0764 Doctor In charge : Dr. Komathy Radhakrishnan Email: nlap@qualitas.com.my
6	KLINIK LUDHER, JALAN KELANG LAMA (CC106) No. 4-1, Commerce One Lorong 2/137C Off Jalan Klang Lama Jalan Kelang Lama 58200 Kuala Lumpur Tel: 03- 7781 9542 Fax: 03-7781 9543 Doctor In charge : Email : klok@qualitas.com.my	OLD KLANG ROAD	Monday – Saturday 9.00am – 6.00pm Sunday & PH Closed	DAYA X-RAY CENTRE, PETALING JAYA (DC102) 21 Lorong 8/1D 46050 Petaling Jaya, Selangor Tel : 03-7957 5779 Fax: 03-7958 6739 Monday – Friday: 8.30am – 1.00pm; 2.00pm – 4.30pm Saturday: 8.30am – 12.00pm Sunday & P.H.: Closed
7	KUMPULAN MEDIC, JALAN AMPANG (CC 140) Ground Floor, Bangunan Ghee Hong 47 Jalan Ampang 50450 Kuala Lumpur Tel : 03-2078 1532 Fax : 03-2031 5214 Dr Incharge: Dr. Renuka Yogalingam Email: kmjia@qualitas.com.my	AMPANG	Monday - Friday 8.30am - 1.00pm 2.00pm - 5.00pm Saturday 8.30am - 1.00pm Sunday & PH Closed	KUMPULAN MEDIC, JALAN AMPANG (CC 140) Ground Floor, Bangunan Ghee Hong 47 Jalan Ampang 50450 Kuala Lumpur Tel : 03-2078 1532 Fax : 03-2031 5214 Dr Incharge: Dr. Renuka Yogalingam Email: kmjia@qualitas.com.my
8	KLINIK SENTOSA (CC145) No 25 , Jalan 11 Taman Putra 68000 Ampang , Selangor Tel : 03-4291 1458 Fax : 03-4296 9327 Dr Incharge : Dr.M.Ramakrishnan Email: kssen@qualitas.com.my	AMPANG	24 Hours	KLINIK SENTOSA (CC145) No 25 , Jalan 11 Taman Putra 68000 Ampang , Selangor Tel : 03-4291 1458 Fax : 03-4296 9327 Dr Incharge : Dr.M.Ramakrishnan Email: kssen@qualitas.com.my

KUALA LUMPUR

NO	NAME OF CLINIC	AMPANG	CONSULTATION HOURS	X-RAY FACILITIES
9	KUMPULAN MEDIC , AMPANG POINT (CC 146) No 71 - M, Jalan Mamanda 1, Ampang Point 68000 Ampang, Selangor Tel: 03-4252 8219/8216 Fax: 03-4252 8216 Dr. Incharge: Dr. Azman @ Azhi b. Shamsuddin Email: kmap@qualitas.com.my		Monday - Friday 8.30am - 1.00pm 2.00pm - 4.30pm 7.00pm - 9.00pm Saturday 8.30am - 1.00 pm 2.00pm - 4.00pm Sunday & PH 9.00am - 12.00 Noon	KLINIK NG DAN LEE, JALAN AMPANG (CC105) 377 Jalan Ampang 4th Mile 50450 Kuala Lumpur Tel & Fax: 03-4256 0764 Dr Incharge : Dr. Komathy Radhakrishnan Email: nlap@qualitas.com.my
10	KUMPULAN MEDIC , BANGUNAN KWSP (CC 148) Lot MZ05 , Mezzanine Floor Bangunan KWSP , 5 Jalan Raja Laut 50350 Kuala Lumpur Tel : 03 - 2692 1952 / 1258 Fax : 03 - 2694 6630 Dr Incharge : Dr. Lai Boon Deng Email : kwsp@qualitas.com.my	KUALA LUMPUR	Monday - Friday 8.30am - 1.00pm 2.00pm - 5.00pm Saturday 8.30am - 1.00pm 2.00pm 4.00pm Sunday & PH Closed	KUMPULAN MEDIC , BANGUNAN KWSP (CC 148) Lot MZ05 , Mezzanine Floor Bangunan KWSP , 5 Jalan Raja Laut 50350 Kuala Lumpur Tel : 03 - 2692 1952 / 1258 Fax : 03 - 2694 6630 Dr Incharge : Dr. Lai Boon Deng Email : kwsp@qualitas.com.my
11	POLIKLINIK KUMPULAN CITY SRI PETALING No 26G Jalan Radin Anum Bandar Sri Petaling 571000 Kuala Lumpur Tel / Fax :03 -9057 9662 Dr Incharge : Dr.Hemalatha a/p Karuppiah Email : pkcsripetaling@yahoo.com.my	KUALA LUMPUR	Daily Including PH 8.00am - 9.00pm	KLINIK ONG & CHEONG 112,Jalan Radin Anum 1 Bandar Sri Petaling 571000 Kuala Lumpur Tel / Fax :03 - 9059 2820
12	KLINIK CATTERALL, KHOO AND RAJA MALEK, BANGUNAN MING (CC 147) Lobby Floor , Bangunan Ming Jalan Bukit Nanas,50250 Kuala Lumpur Tel : 03-2078 3200 /3212 Fax : 03-2070 0141 Dr Incharge : Dr.Zaid Chelavaraaj Email : ckbm@qualitas.com.my	KUALA LUMPUR	Monday - Friday 8.00am - 12.30pm 2.00pm - 4.30pm Saturday 8.00am - 12.00 Noon Sunday & PH Closed	KUMPULAN MEDIC ,JALAN AMPANG (CC 140) Ground Floor, Bangunan Ghee Hong 47 Jalan Ampang 50450 Kuala Lumpur Tel : 03-2078 1532 Fax : 03-2031 5214 Dr Incharge:Dr.Renuka Yogalingam Email:kmlja@qualitas.com.my