



Medical Examinations Form

To be admitted to study at Swinburne University of Technology Sarawak Campus, you are to ensure that you are free from the following medical conditions. Should you be diagnosed/discovered to have them during a routine medical check upon enrolling at the University, the Malaysian immigration authority have the right to deny your application for a Malaysian student pass/visa.

- | | | |
|----------------------|--|------------------------------|
| 1. HIV / AIDS | 5. LEPROSY | 8. EPILEPSY |
| 2. TUBERCULOSIS | 6. SEXUALLY TRANSMITTED DISEASES | 9. PSYCHIATRIC ILLNESS |
| 3. HEPATITIS B and C | 7. NOT TAKING ANY BANNED SUBSTANCES / CANNABIS | 10. PREGNANCY |
| 4. MALARIA | | 11. YELLOW FEVER VACCINATION |

This form is to be completed by the medical doctor examining you. It is part of the requirement for admission into Swinburne University of Technology Sarawak Campus.

Your responsibilities:

- You must truthfully disclose your medical history and details of any known medical conditions
- The cost of medical examinations are paid by you directly to the doctor or clinic undertaking the examinations.

What to bring to the examination:

- Where you have a known medical condition, any **existing specialist reports**.
- A valid passport

PRINT YOUR NAME AS IT APPEARS IN YOUR PASSPORT. Please use BLOCK LETTERS. All fields must be completed.

SECTION A: PERSONAL DETAILS

Title: _____ (Mrs, Miss, Ms, Mr etc) Gender: Female Male Date of birth: / /
Day Month Year

Family name:
(as indicated in passport)

Given names:
(leave spaces between names)

Telephone: _____ Fax: _____ Mobile: _____

Email address: _____ Nationality: _____

Country of residence: _____ Country of citizenship: _____

Passport number:

Passport expiry date: / /
Day Month Year

Name of program offered	Start date	Duration

SECTION B: LABORATORY & CHEST X-RAY

1. BLOOD TEST:	Negative	Positive	2. URINE TEST
1.1 Antibody HIV (ELISA)	<input type="checkbox"/>	<input type="checkbox"/>	2.1 Colour: _____
1.2 HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	Specific Gravity: _____
1.3 VDRL/TPHA	<input type="checkbox"/>	<input type="checkbox"/>	Sugars: _____
1.4 Malarial Parasites	<input type="checkbox"/>	<input type="checkbox"/>	
			Negative Positive
3. CHEST X-RAY			Albumin <input type="checkbox"/> <input type="checkbox"/>
_____			2.2 Cannabis <input type="checkbox"/> <input type="checkbox"/>
_____			2.3 Pregnant <input type="checkbox"/> <input type="checkbox"/>

SECTION C: EXAMINING DOCTOR'S COMMENT/RECOMMENDATION

Fit to study: Yes No

Comment: _____

Signature: _____ Date: / /
(Name of examining doctor) Day Month Year

_____ Official stamp/seal

medical examinations