

**FOREIGN STUDENT/DEPENDANT CONSENT, AUTHORISATION  
AND DECLARATION FORM**

This is to confirm that I, \_\_\_\_\_  
(Name of Foreign Student/Dependant)

Passport Number \_\_\_\_\_ EMGS Reference Number \_\_\_\_\_

hereby irrevocably consent and authorise Dr. \_\_\_\_\_  
(Doctor's Name)

of \_\_\_\_\_ to:-  
(Name of clinic)

- i. carry out a medical examination on me including the testing of blood and urine and the taking of chest x-ray in compliance with the Education Malaysia Global Services' ("EMGS") medical screening requirements ; and
- ii. disclose my health report / records and any other health information to EMGS, the Ministry of Higher Education, the Ministry of Health, the Immigration Department of Malaysia and any other relevant authorities, as and when it is required to do so.

I also hereby confirm the following:

- i. I have not taken / taken \* (if taken, please specify) any medication / drugs within the last two (2) weeks; and

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

- ii. My last menstrual period was on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YY) (FEMALES ONLY)

\_\_\_\_\_  
Signature or thumbprint of Foreign Student/Dependant

\_\_\_\_\_  
Date

**Witnessed by:**

\_\_\_\_\_  
Signature of Examining Doctor

\_\_\_\_\_  
Name of Examining Doctor

\_\_\_\_\_  
Clinic's Stamp