

'Health Declaration Form' User Guide

- 1) Declaration on diseases / conditions – Must declare for all diseases / conditions and tick (✓) under the 'YES' column or 'NO' column that you are diagnosed with.

For example:

ITEMS	SELF		IF NO, PLEASE STATE	IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
	YES	NO		
Tuberculosis	✓			
Hepatitis B	✓			
Hepatitis C	✓			
HIV	✓			
Drug use/abuse of:				
1. Opiates	✓			
2. Cannabinoids		✓		
3. Amphetamine	✓			
4. Methamphetamine	✓			
Sexually Transmitted Diseases		✓		
Congenital or Inherited Disorder	✓			
Cancer	✓			
Epilepsy	✓			
Psychiatric Illness	✓			
Other illness	✓			

- 2) Date – Must be filled in dd/mm/yyyy format i.e. 20/06/2019
- 3) Name of Applicant – Must be the same as indicated in the passport **as per MRZ (Machine Readable Zone) format** which is located at the bottom page of the passport photo page.
- 4) Applicant's Signature is required.
- 5) Applicant's Passport Number – Must be the same as indicated in the applicant's passport copy submitted for Visa Approval Letter (VAL) application.