

**CHECKLIST FOR
STUDENT PASS (MULTIPLE ENTRY VISA) - MOBILITY
New Application with Visa Approval Letter (VAL)**

Please sort your documents as in the arrangement below:

No.	Type of Document	No. of Copy
1.	Student Pass Application Form	1
2.	Student Acknowledgement Letter (Issue by UKM Visa Unit)	1
3.	Admission Fee Receipt of Payment (Issue by UKM Bursary Department)	2
4.	Student Offer Letter from UKM	2
5.	Copy of Passport (All pages)	2
6.	Health Examination (Endorsed by UKM Medical Centre) <i>Medical screening must be made at the UKM Health Centre within 7 days of arrival date.</i>	3
7.	Copy of Visa Approval Letter (e-VAL)	3

Please submit the above documents to:

Mr. Ong Chang Ee
Pass and Visa Unit
Centre for Academic Management
Level 7 PUSANIKA Building UKM Bangi
Tel.: +603-89214079 / +03-89214925
Email: change@ukm.edu.my / isc@ukm.edu.my

Monday – Thursday (2:30 PM – 4:30 PM)

Important: *The above documents and original passport must be submitted at least five (5) working days before the expiry day of the Special Pass (date stamped in the passport).*

BORANG PERMOHONAN PAS

STUDENT PASS APPLICATION FORM

Catatan: Borang ini hendaklah ditulis. Tandakan (X) dalam petak yang berkenaan.

Note: This form should be written. Mark (X) in the appropriate box.

Jenis Permohonan ☐ Baharu ☐ Pembaharuan ☐ Pengesahan ☐ Pembatalan ☐ Pas Khas
Type of Application New Renew Endorsement Cancellation Special Pass

A. MAKLUMAT PELAJAR

PARTICULARS OF STUDENT

Nama
Name

No. Pasport Warganegara
Passport No. Nationality

Jantina ☐ Lelaki ☐ Perempuan
Gender Male Female

No. Matrik Jenis Pengajian ☐ Sepenuh Masa ☐ Separuh Masa
Matric No. Type of Study Full time Part time

Program Pengajian ☐ Doktor Falsafah ☐ Sarjana ☐ Diploma Siswazah
Program Study Ph.D Master Graduate Diploma

Fakulti
Faculty

Tarikh Pendaftaran Tempoh Tamat Pengajian
Date of Registration Expected Semester of Completion

Alamat di Malaysia
Address in Malaysia

No. Telefon Emel
Telephone No. Email

Tandatangan:
Signature

Tarikh:
Date

B. MAKLUMAT TANGGUGAN

PARTICULARS OF DEPENDANT

Nama
Name

No. Pasport Warganegara
Passport No. Nationality

Jantina ☐ Lelaki ☐ Perempuan Hubungan
Gender Male Female Relationship

C. KEGUNAAN PEJABAT

FOR OFFICE USE ONLY

Cop Rasmi dan Tandatangan:
Official Stamp and Signature

Tarikh:
Date



CENTRE FOR ACADEMIC MANAGEMENT • PUSAT PENGURUSAN AKADEMIK

Date:

TO WHOM IT MAY CONCERN

Name :
Student Registration No. :
Nationality :
Passport No. : Validity Date:
Visa Expired Date :
Accompanied by : Spouse [] Children []
Other (Father/Mother/Sibling) []

STUDENT ACKNOWLEDGMENT LETTER

Please be informed that passport of the above named is temporarily in the process of Student Pass (New / Renewal / Special Pass / Endorsement) in the:

**Student Pass Unit, Malaysia Immigration Department
Education Malaysia Global Services (EMGS)
Menara TA One, 22, Jalan P Ramlee, Kuala Lumpur City Centre
50250 Kuala Lumpur, Malaysia**

Therefore, we glad if the above named can get cooperation from whom it may concern during this period. Please do not hesitate to contact us for further information.

Thank you.

Your sincerely,

ONG CHANG EE

Head of Pass and Visa Unit
Centre for Academic Management
Universiti Kebangsaan Malaysia

**PLEASE REPORT AGAIN TO COLLECT THE PASSPORT ON:
(AFTER 30 TO 60 WORKING DAYS)**



CERTIFIED TO ISO 9001:2015

CERT. NO. QMS 02549

CERTIFIED TO ISO/IEC 27001:2013

CERT. NO. ISMS 00249

**PASS AND VISA UNIT
CENTRE FOR ACADEMIC MANAGEMENT**

Universiti Kebangsaan Malaysia, 43600 UKM Bangi, Selangor Darul Ehsan Malaysia
Tel.: +603-89214079, +603-89214927, +603-89214925 Email: isc@ukm.edu.my Website: www.ukm.my/akademik

HEALTH EXAMINATION GUIDELINES FOR ENTRY INTO MALAYSIAN HIGHER EDUCATIONAL INSTITUTIONS

1. Please read the instructions carefully before filling in the form.
2. Please fill in the form in English and in CAPITAL letters.

INSTRUCTIONS TO CLINIC

1. This form has 5 sections:
 - A. Section 1 (PART A) to be filled by the student; and
 - B. Section 1 (PART B), 2, 3, 4 and 5 to be filled by the examining doctor.
2. Please complete all required examination / tests mentioned in this form.

INSTRUCTIONS TO STUDENT

1. All applicants **shall** undergo health examination **within seven (7) working days** upon arrival in Malaysia.
2. Failure in complying with the above requirement will result in rejection of application for student pass.
3. Applicants are required to undergo health examination at approved Education Malaysia Global Services (EMGS) Panel Clinics / Health Centre of Public Universities.
4. In the event applicant fails the health examination, the student pass endorsement will not be processed and the applicant is required to leave Malaysia.
5. Applicants who fail their health examination may submit their appeal application **within three (3) working days** after receiving health examination result. Any application submitted after the stipulated period will not be entertained.
6. The Government of Malaysia reserves the right to reject any application:
 - A. Based on the results of the health examination; and/or
 - B. Should there be any evidence that applicant has given false information pertaining to the results of the health examination.

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 1 (PART A)

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMAIL ADDRESS

NATIONALITY

CONTACT NUMBER IN MALAYSIA

DATE OF BIRTH

AGE

SEX

MARITAL STATUS

INSTITUTE IN MALAYSIA

ACADEMIC YEAR

COURSE OF STUDY

NEXT OF KIN

NEXT OF KIN'S ADDRESS

NEXT OF KIN'S CONTACT NUMBER

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.

EDUCATION MALAYSIA GLOBAL SERVICES (986610-U)

Education Malaysia One-Stop-Centre, 20th Floor, Menara TA One, 22, Jalan P.Ramlee, 50250 Kuala Lumpur, Malaysia

Tel : +603 2782 5888 Fax: +603 2711 8533 Portal: www.educationmalaysia.gov.my

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.

ITEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state details
	Yes	No	Yes	No	
1. Tuberculosis					
2. Hepatitis B					
3. Hepatitis C					
4. HIV					
5. Drugs use/abuse					
a. Opiates					
b. Methamphetamine					
c. Amphetamine					
d. Cannabinoids					
6. Congenital or Inherited Disorder					
7. Allergy					
8. Mental Illness					
9. Epilepsy					
10. Stroke / Neurological Disease					
11. Diabetes Mellitus					
12. Hypertension					
13. Heart or Vascular Disease					
14. Asthma					
15. Thyroid Disease					
16. Kidney Disease					
17. Cancer					
18. History of Surgery					
19. Sexually Transmitted Diseases					
20. History of Blood Transfusion					
21. Other Illness:					

Current medication (Long Term)

VACCINATION HISTORY (where applicable)	Yes	No	Date of Vaccination
1. Yellow Fever			
2. BCG			
3. Meningitis (Quadrivalent)			
4. Hepatitis B			
5. Polio			
6. Measles			
7. Rubella			
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.

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION (FOR EXAMINING DOCTOR)

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

EMGS REFERENCE NUMBER

1. BASIC MEASUREMENT

HEIGHT (m) :	WEIGHT (kg)	BMI(kg/m ²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE:	
				SYSTOLIC (mmHg)	DIASTOLIC (mmHg)
VISION TEST	NORMAL	DEFECTIVE			
UNAIDED (L)			COLOR VISION TEST		
UNAIDED (R)			COMMENT		
AIDED (L)					
AIDED (R)					
HEARING ABILITY	NORMAL	DEFECTIVE	COMMENT		
LEFT					
RIGHT					

2. GENERAL EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION

ITEM	NORMAL	ABNORMAL	COMMENT
g. EYES (including funduscopy)			
h. EARS			
i. NOSE			
j. ORAL CAVITY / THROAT			
k. NECK			
l. CARDIOVASCULAR SYSTEM			
m. RESPIRATORY SYSTEM			
n. ABDOMEN/HERNIAL ORIFICES			
o. NERVOUS SYSTEM			
p. MUSCULOSKELETAL SYSTEM			

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 2 - PHYSICAL EXAMINATION (FOR EXAMINING DOCTOR)

4. MENTAL HEALTH ASSESSMENT

MENTAL HEALTH ASSESSMENT BY GENERAL PRACTITIONER

A.	General Appearance	Untidy	Neat & Tidy
B.	Speech Quality	No/Abnormal	Yes/Normal
	Coherent		
	Relevant		
C.	Mood	Yes/Abnormal	No/Normal
	Depressed*		
	Anxious		
	Irritable		
D.	Affect	Inappropriate	Appropriate
E.	Thought	Yes/Abnormal	No/Normal
	Delusion		
	Suicidity*		
F.	Perception	Yes/Abnormal	No/Normal
	Hallucination		
G.	Orientation	No/Abnormal	Yes/Normal
	Time		
	Place		
	Person		

*Note: Refer to Questionnaire. If 'Abnormal' for any of item C, E, F or G, to certify as UNSUITABLE.

QUESTIONNAIRE

PART A: MOOD			
		Yes/Abnormal	No/Normal
A.	During the past month, have you been feeling down/depressed for most of the days?		
B.	During the past month, have you lost interest in doing things that you like for most of the days?		

If 'Yes' to question A or B, to tick 'Abnormal' at DEPRESSED in assessment box.

PART B: SUICIDALITY			
		Yes/Abnormal	No/Normal
C.	Do you feel that life is not worth living?		
D.	Do you have any thoughts about ending your life?		

If 'Yes' to question C or D, to tick 'Abnormal' at SUICIDALITY in assessment box.

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 3 - INVESTIGATIONS

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

DATE OF LAB TEST

NAME OF LAB

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

BLOOD TEST			
ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	COMMENT
a. HEPATITIS Bs ANTIGEN			
b. HIV ANTIBODY			
c. HEPATITIS C ANTIBODY			
d. MALARIAL PARASITES			
e. VDRL			
f. TPHA*			

* TPHA is done if VDRL is reactive

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 4 - CHEST X-RAY INFORMATION

FULL NAME (AS IN PASSPORT)

INTERNATIONAL PASSPORT NUMBER

EMGS REFERENCE NUMBER

DATE TAKEN

PLACE TAKEN

CHEST X-RAY NUMBER

COMMENT

ITEM	NORMAL	ABNORMAL	DETAILS OF ABNORMALITY
a. THORACIC CAGE			
b. HEART SHAPE AND SIZE (CTR > 0.55 AND IN FAILURE OR SIGNIFICANT CARDIOMEGALY)			
c. LUNG FIELDS			
d. MEDIASTHNUM AND HILAR REGION			
e. PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES			
f. FOCAL LESION			
g. ANY OTHER ABNORMALITIES			
h. IMPRESSION			

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (/) the appropriate box

I certify that I have on this date _____ examined

Mr. / Ms. _____

Passport Number _____ and found him/her with the following disease/condition:

TYPE OF APPLICATION

EMGS REFERENCE NUMBER

ITEM	ABNORMAL
1. Tuberculosis	
2. Hepatitis B	
3. Hepatitis C	
4. HIV	
5. Cancer	
6. Epilepsy	
7. Psychiatric Illness	
8. Drugs	
a. Opiates	
b. Amphetamine/Methamphetamine	
c. Cannabinoids	
9. Malaria	
10. Sexually Transmitted Disease	
11. Others (Please Specify)	

HEREBY THE STUDENT IS CERTIFIED AS:

☐

SUITABLE

☐

UNSUITABLE

FOR STUDIES/COURSE IN MALAYSIA.

COMMENTS:

NAME OF DOCTOR

DATE

QUALIFICATION

HOSPITAL/CLINIC

REGISTRATION NUMBER

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