Education MALAYSIA

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS
SECTION 1 (PART A)

FULL NAME (AS IN PASSPORT)
LIM TECK HENG

INTERNATIONAL PASSPORT NUMBER
C0602593

BLOOD GROUP (RHESUS)
A RH(D) POSITIVE

NATIONALITY
BRUNEIAN

CONTACT NUMBER IN MALAYSIA

DATE OF BIRTH
01/01/2001

AGE
23

SEX
MALE

MARITAL STATUS
SINGLE

ACADEMIC YEAR
2024

STUDENT ID
1302473186

PROGRAMME OF STUDY
DIPLOMA IN EVENT MANAGEMENT

PROGRAMME CODE
DIHEMS

NEXT OF KIN
CHEE SWEE KIM (MOTHER)

NEXT OF KIN'S ADDRESS
NO.16, SPG 15, JLN DATO RATNA, KG KIARONG

NEXT OF KIN'S CONTACT NUMBER
+673 8983143

The details of the blood type recorded here are as reported by the patient and have not been tested or verified to be correct by the medical practitioner completing this online medical screening questionnaire. 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.

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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.

MEDICAL PROBLEMS	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	✓			✓	CHILDHOOD ASTHMA - ON VENTOLIN INHALER
9. Thyroid Disease		✓		✓	
10. Kidney Disease		✓		✓	
11. Cancer		✓		✓	
12. History of Surgery		✓			
13. Tuberculosis (TB)		✓		✓	
14. HIV / AIDS		✓		✓	
15. Hepatitis B		✓		✓	
16. Sexually Transmitted Diseases		✓			
17. Drug Addiction		✓			
18. Other Illnesses		✓			

Current medication (Long Term) No.

VACCINATION HISTORY (where applicable)	Yes	No	Date of Vaccination
1. Yellow Fever		✓	
2. BCG	✓		3/1/2001
3. Meningitis (Quadrivalent)	✓		9/11/2014 .
4. Hepatitis B	✓		10/4/2013 15/5/2013 17/10/2013
5. Polio	✓		15/2/2001 29/3/2001 10/5/2001 26/1/2006
6. Measles	✓		10/1/2002 9/12/2009
7. Rubella	✓		10/1/2002 9/12/2009
8. Others: (specify)	✓		J.E. 11/12/2013 11/12/2014 . A.T.T. 26/7/2015

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

FULL NAME (AS IN PASSPORT)

LIM TECK HENG

INTERNATIONAL PASSPORT NUMBER

C0602593

TYPE OF APPLICATION

DATE OF MEDICAL SCREENING

9.1.2024

EMGS REFERENCE NUMBER

1. BASIC MEASUREMENT

HEIGHT (m) :	WEIGHT (kg)	BMI(kg/m²)	PULSE RATE (PER MINUTE)	BLOOD PRESSURE: SYSTOLIC (mmHg)	DIASTOLIC (mmHg)
1.67	68	25	80	120	60

VISION TEST	NORMAL	DEFECTIVE
UNAIDED (L)		24/6
UNAIDED (R)		24/6
AIDED (L)	6/6	
AIDED (R)	6/6	

COLOR VISION TEST: NORMAL

COMMENT:

HEARING ABILITY	NORMAL	DEFECTIVE
LEFT	✓	
RIGHT	✓	

COMMENT:

2. GENERAL EXAMINATION

ITEM	YES / ABNORMAL	NO / NORMAL	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. MENTAL STATUS	✓		
q. MUSCULOSKELETAL SYSTEM	✓		

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 3 - LABORATORY RESULTS

FULL NAME (AS IN PASSPORT)

LIM TECK HENG

INTERNATIONAL PASSPORT NUMBER

C0602593

EMGS REFERENCE NUMBER

DATE OF LAB TEST

9/1/2024.

NAME OF LAB

INNOQUEST PATHOLOGY SDN BHD

URINE TEST

ITEM	POSITIVE / ABNORMAL	NEGATIVE / NORMAL	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		✓	
c. VDRL		✓	
d. TPHA		✓	
e. MALARIAL PARASITES		✓	

* TPHA is done if VDRL is reactive
** all test results / reports is valid for 6 months

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HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 4 - CHEST X-RAY FINDINGS

FULL NAME (AS IN PASSPORT)

LIM TECK HENG

INTERNATIONAL PASSPORT NUMBER

C0602593

EMGS REFERENCE NUMBER

DATE OF CHEST X-RAY

9/1/2024

PLACE OF CHEST X-RAY

RIPAS HOSPITAL, BSB, BRUNEI.

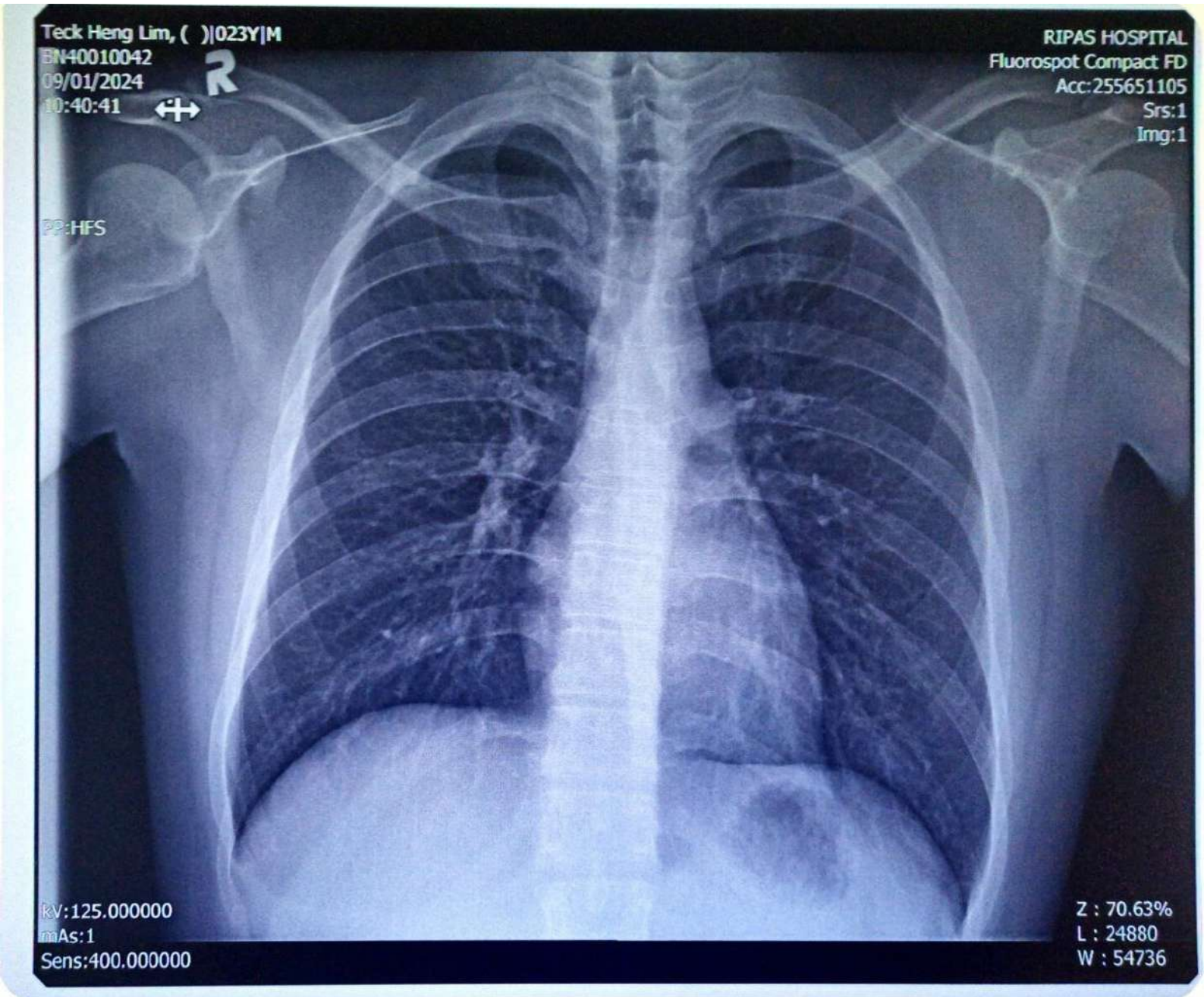
CHEST X-RAY NO.

RDXR 647463

COMMENT

NO ACTIVE LUNG LESION IS SEEN.
HEART IS NOT ENLARGED.
NO BONY LESION.
BILATERAL CP ANGLE NORMAL.

ITEM	NORMAL	ABNORMAL	COMMENT
THORACIC CAGE	✓		
HEART SHAPE AND SIZE CTR IF APPLICABLE)	✓		
LUNG FIELDS	✓		
MEDIASTHNUM AND HILA	✓		
PLEURA / HEMIDIAPHRAGMS / COSTOPHRENIC ANGLES	✓		
FOCAL LESION	NINE		
ANY OTHER ABNORMALITIES	NO		
IMPRESSION	NORMAL.		


Teck Heng Lim, ( )|023Y|M
BN40010042
09/01/2024
10:40:41
R
PP:HFS
RIPAS HOSPITAL
Fluorospot Compact FD
Acc:255651105
Srs:1
Img:1
kV:125.000000
mAs:1
Sens:400.000000
Z : 70.63%
L : 24880
W : 54736

RIPAS HOSPITAL

Radiology Department

Email Id : Practice No :

Phone No : Fax No :

RADIOLOGIST REPORT

General X-Ray

Name : Teck Heng Lim, ( )

Sex / Age :	M / 23Y 0M 8D	Doctor :	
Patient ID :	BN40010042	Exam Reg No :	RDXR642463
Admission/Visit No :	/	Exam Date :	09-01-2024

Exam : X-Ray Chest (Std View)

Laterality : -- Contrast Type : --

Report :

CHEST XRAY:

No active lung lesion is seen.
Heart is not enlarged.
No bony lesion.
Bilateral CP angle normal.
====== [Conclusion] ======
Normal Chest xray

Exam Performed On : 09/01/2024 10:40 By : CHLOE_YONG - Chloe Tan Tiing Yong
Report Prepared On : 09/01/2024 10:37 By : NEELAM_MALIK - Dr Neelam Malik
Report Authorized On : 09/01/2024 10:37 By Radiologist : NEELAM_MALIK - Dr Neelam Malik

Primary Diagnosis :

Complication :

09/01/2024 11:13:45

Hospital Raja Isteri Pengiran Anak Saleha, Bandar Seri Begawan BA1710, Negara Brunei Darussalam
No. Telefon : (673) 2242424 / Faks : (673) 2242690 / Emel : admin.ripash@moh.gov.bn

Education MALAYSIA

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENTS

SECTION 5 - CERTIFICATION BY THE EXAMINING DOCTOR

FULL NAME (AS IN PASSPORT)

LIM TECK HENG

INTERNATIONAL PASSPORT NUMBER

C0602593

EMGS REFERENCE NUMBER

TYPE OF APPLICATION

DATE OF CERTIFICATION

15/1/2024

ITEM	ABNORMAL
HIV	
HEPATITIS B	
TUBERCULOSIS	
MALARIA	
TYPHOID	
SEXUALLY TRANSMITTED DISEASES	
CANCER	
EPILEPSY	
PSYCHIATRIC ILLNESS	
HIS/HER URINE CONTAINS OPIATES	
HIS/HER URINE CONTAINS CANNABINOIDS	
HIS/HER URINE CONTAINS AMPHETAMINE	
EBOLA	
OTHERS	

HEREBY THE STUDENT IS CERTIFIED AS

✓ SUITABLE UNSUITABLE

FOR STUDY IN MALAYSIA.

COMMENT

MEDICALLY FIT

NAME OF EXAMINING DOCTOR

DR VICKI LIM POH KEE

Dr Vicki Lim Poh Kee MB ChB

QUALIFICATION OF EXAMINING DOCTOR

MBChB (LIVERPOOL)

HOSPITAL/CLINIC REGISTRATION NUMBER

P/37, 734-95

D Lim Medical Clinic
Blk D, Unit 1, First Floor
Abdul Razak Complex, Gadong 3180
Negara Brunei Darussalam