



CERTIFICATION BY THE EXAMINING DOCTOR

Name of Doctor: _____

Qualification: _____

Hospital/Clinic: _____

Registration Number: _____

TO WHOM IT MAY CONCERN

I hereby certify that Mr/Ms _____ bearing
Passport No. _____ is deemed medically fit to study in Malaysia,
in line with the mandatory guidelines regulated by the Ministry of Education (MOE), Malaysia.

Signature of the Doctor

Date

Official Stamp:

