

**We are conduction a survey on your vaccination status. All information will be kept confidential and will only be used for admission purposes. We truly appreciate your honest feedback. Thank you**

|  |  |
| --- | --- |
| Name |  |
| IC No. (Malaysian) |  |
| Passport No. (International) |  |
| Matric No. |  |
| Mobile No. |  |
| Email Address |  |
| Programme |  |
| Faculty |  |
| Centre / Campus |  |
|  |  |
| Vaccination Status Please Tick(√)Only One |

|  |  |
| --- | --- |
| Complete |  |
| In complete |  |
| Not eligible  |  |
| Preferred not take a vaccine |  |
|  |  |

 |
| Vaccination Date |

|  |  |
| --- | --- |
| First Dose |  |
| Second Dose |  |

 |
|  |  |
| Please Attached A Copy of Covid-19 Vaccination Certificate |  |