

**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 |  |