

**MEDICAL REPORT FOR MALAYSIA MY SECOND HOME PROGRAMME**

**PERINGATAN**

*Reminder*

**BAHAGIAN I AND II HENDAKLAH DIISI OLEH PEMOHON YANG BERKENAAN**

*Part I and II are to be completed by the applicant*

1) **BAHAGIAN I :** **BUTIR-BUTIR PERIBADI PEMOHON**  
**Part I :** ***Personal Particulars of Applicant***

- (a) NAMA PENUH: \_\_\_\_\_  
*Full Name* (DALAM HURUF BESAR / **IN BLOCK LETTERS**)
- (b) NAMA LAIN (JIKA ADA): \_\_\_\_\_  
*Other Name (If any)* (DALAM HURUF BESAR / **IN BLOCK LETTERS**)
- (c) JANTINA : \_\_\_\_\_  
*Sex*
- (d) NOMBOR PASSPORT: \_\_\_\_\_  
*Passport Number*
- (e) TARIKH AND TEMPAT LAHIR: \_\_\_\_\_  
*Date and place of birth*

2) **BAHAGIAN II :** **LATAR BELAKANG KESIHATAN**  
**Part II :** ***Medical History***

(a) **ADAKAH ANDA PERNAH MENGIDAP PENYAKIT-PENYAKIT SEPERTI BERIKUT:-**  
*(Have you ever suffered from the following ailments?)*

	<b>YA</b> <i>Yes</i>	<b>TIDAK</b> <i>No</i>	<b>JIKA YA, BERI ULASAN</b> <i>If yes, give brief details</i>
(i) PENYAKIT OTAK <i>Mental Illness</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) BATUK KERING <i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) GILA BABI <i>Epilepsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) LELAH <i>Chronic Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) HEPATITIS A or B	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
(vii) KENCING MANIS <i>Diabetes Mellitus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(viii) PENYAKIT JANTUNG <i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	

(b)	RANSANGAN <i>Senses</i>	BERFUNGSI <i>Functioning</i>	TIDAK BERFUNGSI <i>Not Functioning</i>
(i)	RASA <i>Taste</i>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	BAU <i>Smell</i>	<input type="checkbox"/>	<input type="checkbox"/>
(iii)	SENTUHAN <i>Touch</i>	<input type="checkbox"/>	<input type="checkbox"/>
(iv)	PENGLIHATAN <i>Vision</i>	<input type="checkbox"/>	<input type="checkbox"/>
(v)	PENDENGARAN <i>Hearing</i>	<input type="checkbox"/>	<input type="checkbox"/>

I \_\_\_\_\_, Passport No \_\_\_\_\_,

Issued by the Government of \_\_\_\_\_ agree that :

1. All information given in the application form and the attached supporting documents are genuinely correct and true.
2. Any false information given by applicant / ~~Licensed Company~~ will have the Social Visit Pass issued under this programme cancelled without further notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month ) \_\_\_\_\_ ( year ) \_\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_ ( address )

in the State of \_\_\_\_\_.

Country \_\_\_\_\_.

Date : \_\_\_\_\_

Signature of the above named

\_\_\_\_\_