

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 :

Part I :

BUTIR-BUTIR PERIBADI PEMOHON

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 :

Part II :

LATAR BELAKANG KESIHATAN

Medical History

(a) ADAKAH ANDA PERNAH MENGIDAP PENYAKIT-PENYAKIT SEPERTI BERIKUT:-

(Have you ever suffered from the following ailments?)

	YA <i>Yes</i>	TIDAK <i>No</i>	JIKA YA, BERI ULASAN <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"/>

3) BAHAGIAN III : **PENGESAHAN DOKTOR**
Part III : *Certification by doctor*

TO BE COMPLETED BY A REGISTERED DOCTOR

I have this day examined _____
 Passport Number _____ and certify that :

- (i) He / She is not suffering from any disease and is healthy.
- (ii) He / She is not very healthy but is not suffering from any contagious or infectious disease.
- (iii) He / She is not healthy and is suffering from contagious or infectious which makes his / her presence dangerous to the community.
- (iv) He / She is not healthy and unfit for a long distance travel, and chances of recovery is very slim.

**Signature and
Name of Doctor :** _____

Position Held : _____

Official Seal : _____

Dated this day of20.....