



## MEDICAL REPORT FOR MALAYSIA MY SECOND HOME PROGRAMME

### PERINGATAN

*Reminder*

### BAHAGIAN I DAN II HENDAKLAH DIISI OLEH PEMOHON YANG BERKENAAN

*Part I and II are to be complete 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 Capital Letters*)

b) **NAMA LAIN (JIKA ADA):** .....  
*Other Name (If Any )* (Dalam Huruf Besar / *In Capital Letters*)

c) **JANTINA :** (\*)MALE / FEMALE  
*Gender.*

d) **NOMBOR PASPORT :** .....  
*Passport Number.*

e) **TARIKH & TEMPAT LAHIR :** .....  
*Date & Place of Birth:*

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

a) **ADAKAH ANDA PERNAH MENGHADAPI PENYAKIT BERIKUT?**  
*Have you every suffered from the following ailments?*

	YA Yes	TIDAK No	JIKA YA, BERI ULASAN If yes, give bried details
i. <b>PENYAKIT OTAK</b> <i>Mental Illness</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
ii. <b>BATUK KERING</b> <i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
iii. <b>SAWAN</b> <i>Epilepsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
iv. <b>LELAH</b> <i>Chronic Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....

v.	<b>HEPATITIS A / B</b>	<input type="checkbox"/>	<input type="checkbox"/>	.....
vi.	<b>AIDS</b>	<input type="checkbox"/>	<input type="checkbox"/>	.....
vii.	<b>KUSTA</b> <i>Leprosy</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>b)</b>	<b>RANGSANGAN</b>	<b>FUNGSI</b>	<b>TIDAK FUNGSI</b>	
	Senses	Functioning	Not Functioning	
i.	<b>RASA</b> <i>Taste</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
ii.	<b>BAU</b> <i>Smell</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
iii.	<b>SENTUHAN</b> <i>Touch</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
iv.	<b>PENGLIHATAN</b> <i>Vision</i>	<input type="checkbox"/>	<input type="checkbox"/>	.....
v.	<b>PENDENGARAN</b> <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 No. ....  
and certify that:*

- i. He / She 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 disease which makes his / her presence dangerous to the community.*
- iv. He / She is not healthy and unfit for long distance travel and chances of recovery is very slim.*

*Signature and*

*Name of Doctor:* .....

.....

*Position Held:* .....

*Official Seal:*

*Dated this ..... day of ..... (month) ..... (year)*