

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 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 PASPORT :
Passport Number
- (e) TARIKH DAN TEMPAT LAHIR :
Date and place of birth

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

- (a) ADAKAH ANDA PERNAH MENGIDAP PENYAKIT-PENYAKIT 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 breif 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"/>	

		YA <i>Yes</i>	TIDAK <i>No</i>	JIKA YA, BERI ULASAN <i>If yes, give brief details</i>
(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 | <input type="checkbox"/> |
| (ii) | He / She is not very healthy but is not suffering from any contagious or infectious disease | <input type="checkbox"/> |
| (iii) | He / She is not healthy and is suffering from contagious or infectious disease which makes his / her presence dangerous to the community | <input type="checkbox"/> |

(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 of 20.....