

MEDICAL REPORT FOR MALAYSIA MY SECOND HOME PROGRAMME

PERINGATAN

Reminder

BAHAGIAN II 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 CAPITAL LETTERS)
- b) **NAMA LAIN (JIKA ADA) :**
Other Name (if any) (DALAM HURUF BESAR / IN CAPITAL LETTERS)
- c) **JANTINA :**
Gender:
- d) **NOMBOR PASPORT :**
Passport Number:
- e) **TARIKH DAN TEMPAT LAHIR :**
Date and 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 <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. SAWAN <i>Epilepsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	

BORANG RB I
RB I Form

	YA <i>Yes</i>	TIDAK <i>No</i>	JIKA YA, BERI ULASAN <i>if yes, give brief details</i>
iv. LELAH <i>Chronic Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	
v. HEPATITIS A / 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) RANGSANGAN <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"/>

DECLARATION BY APPLICANT

I, Passport No.,
issued by the Government of agree that:

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

Date this day of (month) (year) at
.....
..... (address)
in the State of
Country

Date:

Signature of the above named

.....