

**BORANG RB II
FORM RB II**

LAPORAN PERUBATAN PEMOHON MEDICAL REPORT OF APPLICANT
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Peringatan : BAHAGIAN I DAN II HENDAKLAH DIISI OLEH PEMOHON
Reminder : 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
PART II : MEDICAL BACKGROUND**

(A) **ADAKAH ANDA PERNAH MENGHIDAP PENYAKIT-PENYAKIT SEPERTI BERIKUT:**
HAVE YOU EVER SUFFERED FROM ANY ILLNESS AS LISTED BELOW:

	YA	TIDAK	JIKA YA, BERI ULASAN
	YES	NO	IF YES, GIVE BRIEF DETAILS
(I) PENYAKIT OTAK MENTAL ILLNESS	<input type="checkbox"/>	<input type="checkbox"/>	
(II) BATUK KERING TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>	
(III) GILA BABI EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>	
(IV) LELAH CHRONIC ASTHMA	<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 DIABETES MELLITUS	<input type="checkbox"/>	<input type="checkbox"/>	
(VIII) PENYAKIT JANTUNG HEARTS DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	

(B)	RANSANGAN SENSES	BERFUNGSI FUNCTIONING	TIDAK BERFUNGSI NOT FUNCTIONING
(I)	RASA TASTE	<input type="checkbox"/>	<input type="checkbox"/>
(II)	BAU SMELL	<input type="checkbox"/>	<input type="checkbox"/>
(V)	SENTUHAN TOUCH	<input type="checkbox"/>	<input type="checkbox"/>
(VI)	PENGLIHATAN VISION	<input type="checkbox"/>	<input type="checkbox"/>
(V)	PENDENGARAN HEARING	<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:

- HE/SHE IS NOT SUFFERING FROM ANY DISEASE AND IS HEALTHY
- HE/SHE IS NOT VERY HEALTHY BUT IS NOT SUFFERING FROM ANY CONTAGEOUS OR INFECTIOUS DISEASE
- HE/SHE IS NOT HEALTHY AND IS SUFFERING FROM CONTAGEOUS OR INFECTIOUS DISEASE WHICH MAKES HIS/HER PRESENCE DANGEROUS TO THE COMMUNITY
- HE/SHE IS NOT HEALTHY AND UNFIT FOR A LONG DISTANCE TRAVEL AND CHANCES OR RECOVERY IS VERY SLIM

SIGNATURE AND NAME OF DOCTOR:

POSITION HELD:

OFFICAL SEAL :

DATED THIS DAY OF