

**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 breif 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"/>	

I \_\_\_\_\_ , Passport No \_\_\_\_\_ ,  
Issued by the Government of \_\_\_\_\_ agree that :

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month ) \_\_\_\_\_ ( year ) \_\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_ ( address )

in the State of \_\_\_\_\_.

Country \_\_\_\_\_.

Date : \_\_\_\_\_

Signature of the above named

\_\_\_\_\_