

**BORANG RB II
FORM RB II**

**LAPORAN PERUBATAN PEMOHON
MEDICAL REPORT OF APPLICANT**

**PERINGATAN : BAHAGIAN I DAN II HENDAKLAH DIISI OLEH PEMOHON.
REMINDER : PART I AND II IS 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 MENGIDAP PENYAKIT-PENYAKIT SEPERTI BERIKUT :

	YA YES	TIDAK NO	JIKA YA, BERI ULASAN IF YES, GIVES 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 DISEASES	<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"/>
(III)	SENTUHAN TOUCH	<input type="checkbox"/>	<input type="checkbox"/>
(IV)	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 :

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POSITION HELD :

OFFICIAL SEAT :

DATED THIS DAY OF