

**BORANG RB II  
FORM RB II**

<b>LAPORAN PERUBATAN PEMOHON MEDICAL REPORT OF APPLICANT</b>
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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:**

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

(B)	<b>RANSANGAN SENSES</b>	<b>BERFUNGSI FUNCTIONING</b>	<b>TIDAK BERFUNGSI NOT FUNCTIONING</b>
(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: .....

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POSITION HELD: .....

OFFICAL SEAL : .....

DATED THIS ..... DAY OF .....