

**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) 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)	<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: .....  
 .....  
 .....

POSITION HELD: .....

OFFICAL SEAL : .....

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