Borang MF II
*Form MF II*

# 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 complete by the applicant*

1. **BAHAGIAN I :** **BUTIR-BUTIR PERIBADI PEMOHON**
*Part I :* *Personal Particulars of Applicant*

**a) NAMA PENUH:** 申請者の姓名　例　TARO YAMADA　名前や住所は大文字で書きます
*Full name:* (Dalam Huruf Besar / *In Capital Letters*)

**b) NAMA LAIN (JIKA ADA):**……
*Other Name (If Any )* (Dalam Huruf Besar / *In Capital Letters*)

**c) JANTINA :** (*)MALE / ~~FEMALE~~ 男性なら左記のようにします
*Gender*:

**d) NOMBOR PASPORT :** パスポート番号
*Passport Number*:

**e) TARIKH & TEMPAT LAHIR :** 生年月日と生誕地　例 20 OCT 1978 YAMAGUCHI-KEN JAPAN
*Date & Place of Birth:*

2. **BAHAGIAN II :** **LATAR BELAKANG KESIHATAN**
*Part II :* *Medical History*

**a) ADAKAH ANDA PERNAH MENGHADAPI PENYAKIT BERIKUT?**
Have you every suffered from the following ailments?

| | | **YA** *Yes* | **TIDAK** *No* | **JIKA YA, BERI ULASAN** **If yes, give bried details** |
|---|---|---|---|---|
| i. | **PENYAKIT OTAK** *Mental Illness* | ☐ | ☒ | …… |
| ii. | **BATUK KERING** *Tuberculosis* | ☐ | ☒ | …… |
| iii. | **SAWAN** *Epilepsy* | ☐ | ☒ | …… |
| iv. | **LELAH** *Chronic Asthma* | ☐ | ☒ | …… |

マレーシアではチェックマークでなくバツマークを使います

| | | | | |
|---|---|---|---|---|
| v. | **HEPATITIS A / B** | ☐ | ☒ | …… |
| vi. | **AIDS** | ☐ | ☒ | …… |
| vii. | **KUSTA**<br>*Leprosy* | ☐ | ☒ | …… |

| | | **FUNGSI**<br>Functioning | **TIDAK FUNGSI**<br>Not Functioning | |
|---|---|---|---|---|
| **b)** | **RANGSANGAN**<br>Senses | | | |
| i. | **RASA**<br>*Taste* | ☒ | ☐ | …… |
| ii. | **BAU**<br>*Smell* | ☒ | ☐ | …… |
| iii. | **SENTUHAN**<br>*Touch* | ☒ | ☐ | …… |
| iv. | **PENGLIHATAN**<br>*Vision* | ☒ | ☐ | …… |
| v. | **PENDENGARAN**<br>*Hearing* | ☒ | ☐ | …… |

**3. BAHAGIAN III: PENGESAHAN DOKTOR** 下記は医師が記入する所です
*Part III : Certification by Doctor*

***TO BE COMPLETED BY A REGISTERED DOCTOR***

*I have this day examined ..... Passport No. .....*
*and certify that:*

*i. He / She not suffering from any disease and is healthy.* ☐

*ii. He / She is not very healthy but is not suffering from any contagious or infectious disease.* ☐

*iii. He / She is not healthy and is suffering from contagious or infectious disease which makes his / her presence dangerous to the community.* ☐

*iv. He / She is not healthy and unfit for long distance travel and chances of recovery is very slim.* ☐

*Signature and*

*Name of Doctor:* .....

.....

*Position Held:* .....

*Official Seal:*

*Dated this ..... day of ..... (month) ..... (year)*