PANTAI FOMEMA

PANTAI FOMEMA & SYSTEMS SDN BHD

BORANG PENDAFTARAN PEMERIKSAAN KESIHATAN PEKERJA ASING
FOREIGN WORKER MEDICAL EXAMINATION REGISTRATION FORM

Bayaran Pendaftaran / *Payment for registration*

Bayaran pendaftaran adalah sebanyak RM 190 (perempuan) atau RM 180 (lelaki) dalam bentuk Draf Bank, Kiriman Wang atau Wang Pos, di atas nama FOMEMA SDN BHD. Bayaran pendaftaran tidak akan dikembalikan. Pemeriksaan kesihatan mesti dijalankan dalam masa 90 hari dari tarikh pendaftaran di buat.

*That a non refundable payment of the sum of **RM 190 (for females)** or **RM 180 (For Males)** in the form of Bank Draft, Money or Postal Order be made payable to **FOMEMA SDN BHD**. The Medical Examination is to be conducted within 90 days from date of registration.*

Jenis Pendaftaran / *Type of Registration* (Tandakan "X" / *Please tick "X"*)

☐ **Pendaftaran kali Pertama (ketibaan baru)**
First time registration (new arrival)

(Sila sertakan / *Please attach:*)

a) Salinan paspot butiran diri pekerja (muka hadapan) */ A copy of the worker's passport (FW details-front page)*

b) Tarikh tiba di Malaysia / *Date of arrival in Malaysia* ☐☐ - ☐☐ - ☐☐☐☐

Salinan paspot pekerja (mukasurat pengesahan tarikh ketibaan) */ A copy of worker's passport (Page which stated date of arrival)*

c) Salinan surat Kelulusan visa (calling visa) / *A copy letter of visa approval (calling visa)*

d) Salinan laporan perubatan di Negara asal / *A copy of medical report from country of origin*

☐ **Pembaharuan / *Renewal*** (Sila penuhkan ruangan di bawah / *Please fill in this column*) :

Sila lampirkan salinan paspot pekerja asing - muka depan dan permit kerja

Kod Pekerja Fomema / *Fomema Worker's Code (jika ada/if any)* **W** ☐☐☐☐☐☐☐☐☐

SEKSYEN A – BUTIRAN PEKERJA / *WORKER'S DETAIL*

1. Nama Pekerja / *Worker's Name* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Nombor Paspot (lama) / *Passpot Number (old)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Nombor Paspot baru (Jika ada / *New Passport Number (If any*) ☐☐☐☐☐☐☐☐☐☐☐

Sila sertakan satu salinan nombor paspot baru / *please attach a copy new passport number*

4. Sektor / Sector
☐ Domestik/*Domestic* ☐ Perkhidmatan/*Services* ☐ Perindustrian/*Manufacturing*
☐ Perladangan/*Estate* ☐ Pekebunan/*Agriculture* ☐ Pembinaan/*Construction*

SEKSYEN B – BUTIRAN MAJIKAN / *EMPLOYER'S DETAILS*

5. Nama Syarikat / Majikan
Company's / Employer Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. No. Telefon / *Tel. No.* ☐☐☐ - ☐☐☐☐☐☐☐☐

7. No. Faks / *Fax No.* ☐☐☐ - ☐☐☐☐☐☐☐☐

PILIHAN DOKTOR OLEH MAJIKAN / *SELECTION OF DOCTOR BY THE EMPLOYER*

Nama Doktor / *Doctor's Name* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Nama Klinik / *Clinic's Name* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bandar / *Town* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Kod Doktor / *Doctor's Code (jika ada/if any)* **D** ☐☐☐☐☐☐☐☐☐☐

Saya mengesahkan bahawa maklumat yang diberikan di atas adalah benar dan lengkap serta doktor di atas adalah pilihan saya.
Saya faham dan bersetuju dengan terma -terma dan syarat yang dinyatakan di atas.I confirm that the information given is true, complete and the above doctor has been selected by me. I understand and agree with the terms and conditions stated above

Untuk Syarikat */ For Company*

Tandatangan/ *signature :* _____

Nama Penandatangan/
Name of signatory : _____

Jawatan / *Designation :* _____

No. Telefon/ *Tel. No :* _____

Tarikh/ *Date :* _____

Untuk Individu / *For Individual*

Tandatangan Majikan/
Employer's signature : _____

No K.Pengenalan / *NRIC No :* _____

Tarikh / *Date :* _____