



MOH No.

**MINISTRY OF HEALTH  
FOREIGN WORKER HEALTH SCREENING**

KETIBAAN / ARRIVAL

MEMBAHARUI KONTRAK / CONTRACT RENEWAL

**BUTIRAN PEKERJA / WORKER'S DETAILS**

1. Nama Penuh (seperti dalam Pasport) / Full Name (as in Passport):

\_\_\_\_\_

2. Jantina / Gender:

Lelaki / Male  Perempuan / Female

3. Tarikh Lahir / Date of Birth:

\_\_\_\_\_

4. Nombor Pasport / Passport Number:

\_\_\_\_\_

5. Warganegara / Nationality:

\_\_\_\_\_

6. No. Kad Pengenalan / Identity Card No. (jika berkenaan / if applicable):

\_\_\_\_\_

7. No. Bru-HIMs / Bru-HIMS No.:

\_\_\_\_\_

8. Nombor Telefon / Telephone Number: \_\_\_\_\_ (M)

9. Pekerjaan / Occupation:

\_\_\_\_\_

**BUTIRAN MAJIKAN / EMPLOYER'S DETAILS**

1. Nama Syarikat atau Majikan / Name of Company or Employer:

\_\_\_\_\_

2. Alamat / Address:

\_\_\_\_\_

\_\_\_\_\_

3. Nombor Telefon / Telephone Number: \_\_\_\_\_ (O) \_\_\_\_\_ (M)