



MOH No.

**MINISTRY OF HEALTH
FOREIGN WORKER HEALTH SCREENING**

KETIBAAN / *NEW 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)