



PERTUBUHAN KESELAMATAN SOSIAL
WISMA PERKESO
155, JALAN TUN RAZAK
50400 KUALA LUMPUR
TEL. AM : 03 - 26872600
LAPORAN PERUBATAN UNTUK MEMOHON PENYAKIT KHIDMAT
(MEDICAL REPORT ON OCCUPATIONAL DISEASE)

Personal Details																					
Name :	Date Of Birth : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
.....	New I.C No : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female																					
Phone No :																				
Address :																					
Name & Place Of Workplace / Employer :																					
.....																					
Phone No : Fax No : E-mail :																					

Date of medical examination :

Place of medical examination :

Name of Doctor / Specialist & Qualification :

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Are you the doctor / specialist who treats the patient ? Yes No

If yes how long you have you been treating the patient ?

Present medical history

Detail of the chief complaint. Is it related to the hazard exposures in the workplace ?

Past Medical History (Including previous medical and surgical conditions)

Review of Systems (Other than the main system)

Relevant Family / Personal & Social (hobbies, smoking, medication) Environmental History

Occupational History

1. <u>Type of Work/Industry</u>	2. <u>Job title (specify the work done)</u>	3. <u>Employment dates</u>	4. <u>Hazards</u>
a)			
b)			
c)			

Clinical Examination : General and Specific examination of target organs

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Review of other systems examination. (Respiratory, skin, cardiovascular, GIT (liver, spleen), kidney, mental status, central / peripheral nervous system, others(specify)

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INVESTIGATION Workplace monitoring results.

Mention the specific hazards that are present in the workplace and the amount of personal & workplace exposure levels. For chemicals attach summary of Chemical Health Risk Assessment Report (CHRA). For noise attach noise report/map by competent person.

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General Laboratory Test

Blood & Urine examination

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Specify / confirmatory tests

(e.g: Chest X-Ray, Spirometry, Serial Audiogram, ABER, Tympanogram, Skin Patch test etc).

FINAL DIAGNOSIS OF OCCUPATIONAL DISEASE

(According to International Classification of Diseases ICD 10)

Date of diagnosis :

I certify that the above statements & findings are true.

Has the case been notified to Department of Occupational Safety & Health.

Date :

No Yes When

Full Name and Qualification

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.....

.....

Signature of Doctor / Specialist

Official Stamp of Hospital / Medical Centre

This form shall be filled in by the Occupational Health Doctor