FOMEMA

BORANG PENDAFTARAN PEMERIKSAAN PERUBATAN PEKERJA ASING
FOREIGN WORKER'S MEDICAL EXAMINATION REGISTRATION FORM

BAYARAN PENDAFTARAN / *PAYMENT FOR REGISTRATION*

- RM 190 (perempuan) atau RM 180 (lelaki) dalam bentuk Draf Bank, Kiriman Wang, Wang Pos, CIMB Clicks atau Kredit Kad melalui POS Online atas nama FOMEMA SDN. BHD. *RM 190 (female) or RM 180 (male) in the form of Bank Draft, Money or Postal Order, CIMB Clicks or Credit Card through POS Online payable to FOMEMA SDN. BHD.*
- Bayaran pendaftaran ***TIDAK AKAN DIKEMBALIKAN***. *Payment for registration is* ***NON REFUNDABLE.***
- Pemeriksaan kesihatan mesti dijalankan dalam tempoh 90 hari dari tarikh pendaftaran. *The Medical Examination must be done within 90 days from the date of registration.*

JENIS PENDAFTARAN / *TYPE OF REGISTRATION* (TANDAKAN "√" / *TICK "√"*)

Sila bawa dokumen-dokumen berikut / *Please bring the following documents*:

☐ **Pendaftaran kali pertama (Ketibaan baru) / *First time registration (New arrival)***

1. Dokumen asal / *Original document*

i. Paspot asal / *Original passport*

2. Dokumen salinan / *Photocopy documents*

i. Paspot / *Passport*

a) Mukasurat butiran diri pekerja / *Foreign Worker's details page*

b) Mukasurat Pengesahan Tarikh Ketibaan / *Foreign Worker's Date of Arrival page*

ii. Salinan Surat Kelulusan Visa / *Photocopy of Calling Visa*

iii. Laporan Perubatan dari negara asal (sekiranya ada) / *Medical Report from country of origin (if available)*

Tarikh tiba di Malaysia / *Date of arrival in Malaysia*

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☐ **Pembaharuan / *Renewal***

1. Dokumen asal / *Original document*

i. Paspot asal / *Original passport*

2. Dokumen salinan / *Photocopy document*

i. Sila lampirkan salinan Paspot asal Pekerja Asing - mukasurat Butiran Diri & Permit Kerja.
Please attach a copy of original passport – Foreign Worker's Details & Work Permit Page.

3. Kod Pekerja Asing / *Foreign Worker's Code* **W** ☐☐☐☐☐☐☐☐☐☐

A. BUTIRAN PEKERJA / *WORKER'S DETAILS*

1. **Nama Pekerja Mengikut Paspot / *Worker's Name According to the Passport***

2. **Nombor Paspot (lama) / *Passport Number (old)***

3. **Nombor Paspot baru (Jika ada) / *New Passport Number (If any)***
Sila sertakan salinan nombor paspot baru / *Please attach copy of new passport number*

4. **Sektor / *Sector***

☐ Pembantu Rumah / *Domestic* ☐ Perkhidmatan / *Service* ☐ Perkilangan / *Manufacturing*

☐ Perladangan / *Plantation* ☐ Pertanian / *Agriculture* ☐ Pembinaan / *Construction*

B. BUTIRAN MAJIKAN / *EMPLOYER'S DETAILS*

1. **Nama Syarikat / Nama Majikan**
Company's Name / Employer's Name

2. **No. Pendaftaran Syarikat / No. Kad Pengenalan Majikan**
Company Registration No. / Employer's IC No.

3. **No. Telefon / *Tel No.***

4. **No. Faks / *Fax No.***

C. DOKTOR YANG DIPILIH OLEH MAJIKAN / *SELECTION OF DOCTOR BY THE EMPLOYER*

1. **Nama Doktor / *Doctor's Name***

2. **Nama Klinik / *Clinic's Name***

3. **Bandar / *Town***

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

PENGESAHAN PENDAFTARAN / *ACKNOWLEDGEMENT OF REGISTRATION* (TANDAKAN "√" / *TICK "√"*)

Saya/Kami ☐ **Majikan / *Employer*** ☐ **Pekerja atau wakil syarikat / *Company Employee or Authorised Representative*** ☐ **Agensi Pekerjaan / *Employment Agency*** ☐ **Pendaftar Bebas / *Freelance Agent***

Saya/Kami dengan ini mengesahkan bahawa semua maklumat dan dokumen yang diberikan bagi permohonan ini adalah sah, benar dan lengkap. Permohonan klinik/doktor di atas adalah pilihan saya/kami. Saya/Kami faham dan bersetuju dengan terma-terma dan syarat-syarat yang dinyatakan di atas. *I/We hereby confirm that all the information and documents given are valid, true and complete. The requested clinic/doctor has been selected by me/us. I/We understand and agree with the terms and conditions as stated above.*

1. **Nama / *Name***: _____ 2. **Tandatangan / *Signature*** : _____

3. **Jawatan / *Designation*** : _____ 4. **No. Telefon / *Tel No.*** : _____

5. **No. Kad pengenalan atau No. Paspot / *IC. No or Passport No.***: _____

6. **Tarikh / *Date*:** _____ 7. **Cop syarikat / *Company stamp*:**

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