"JADUAL (Peraturan 2) Borang (Peraturan 2) AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT 1988 PERATURAN-PERATURAN PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (BORANG NOTIS (PINDAAN) 2011

Borang Notis: Rev/2010 No. Siri:

NOTIFIKASI PENYAKIT BERJANGKIT YANG PERLU DILAPORKAN

(Seksyen 10, Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988)

A. MAKLUMAT PESAKIT												<u> </u>					,	<u> </u>														
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1. Nama Penuh (HURUF BESAR):		$\vdash \vdash$	\dashv	_								-		-		-							+	+	+	+	+	+	+	+		_
Nama Pengiring (Ibu/Bapa/Penjag	12).	<u>ш</u>	믁								1	<u> </u>	+	<u> </u>	+	<u> </u>	<u> </u>						<u> </u>		\pm	\pm	+	÷	+	十		<u> </u>
(Jika belum mempunyai Kad Peng		lan d <u>i</u>	iri)											l											1	1		1	士	_		
2. No. Kad Pengenalan Diri / Dokumen Perjalanan Sendiri Pengiring																																
(Untuk E		-		negara))							<u> </u>	<u> </u>					1		<u> </u>	1		_	٦٠٠	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	П.	og	9		
No. Daftar Hospital / Klinik Nama Wad: Tarikh Masuk Wad: / / / / / / / / / / / / / / / / / / /																																
2 Kowaraanagaraan																																
3. Kewarganegaraan: Warganegara: 4. Jantina: Lelaki Perempuan Perempuan																																
Ya Keturunan:											1		5. Tarikh Lahir: / / /																			
Sukuketurunan:			ī								i																					
(Bagi O/Asli, Pribumi	Saba	ah/Sé	агаи	vak)	- !						_		6.	Un	nur:							Tal	hun		В	Bulan	1	\exists H	lari			
Tidak Negara Asal:				.																												
Status 7. Pekerjaan:																																
Kedatangan: Izin Penduduk Tetap (Jika tidak bekerja, nyatakan status diri)																																
8. No. Telefon: Rumah (Untuk dihubungi)	L	Ш	Tel.	Bimbit		Peja	abat					-	-																			
9. Alamat Kediaman			\neg									I	\neg	1	10. Ala	ma	at Tem	pat I	(eria	a/B	elaia	ar:										
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		Щ	_									L				L		<u> </u>			<u> </u>	<u> </u>		<u> </u>	ᆚ	ᆜ	ㅗ	ᆂ	ᆚ	<u>_</u>	<u> </u>	<u> </u>
B. DIAGNOSIS PENYAKIT																																
1. Poliomyelitis															h Dise						_					uired						
2. Viral Hepatitis A 17. Human Immunodeficiency Virus Infection							ction																									
3. Viral Hepatitis B 18. Influenza 33. Tetanus (Others)																																
4. Viral Hepatitis C19. Leprosy (Multibacillary)34. Typhus - Scrub35. Tuberculosis - PTB Smear of the second control of the secon									Posit	ive																						
6. AIDS 21. Leptospiro										36. Tuberculosis - PTB Smear Negative																						
7. Chancroid 22. Malaria - Vivax											37. Tuberculosis - Extra Pulmonary																					
8. Cholera							23. Malaria - <i>Falciparum</i>													38. Typhoid - Salmonella typhi												
9. Dengue Fever							24. Malaria - <i>Malariae</i>													39. Typhoid - Paratyphoid												
10. Dengue Haemorrhagic Fever							25. Malaria - <i>Others</i>													40. Viral Encephalitis - Japanese												
11. Diphtheria	26. Measles													41. Viral Encephalitis - Nipah																		
12. Dysentery						27. Plague													42. Viral Encephalitis - (Others)													
13. Ebola 14. Food Poisoning						28. Rabies 29. Relapsing Fever													43. Whooping Cough / Pertussis 44. Yellow Fever													
15. Gonorrhoea					30. Syphilis - <i>Congenital</i>																			e sn	ecify:							
	anv:	akit	he	rikut	nor	lu dir	noti								n dal	an	n tem	nok	2/	Lia				-		-				ol4	ra	_
Selain dari notifikasi bertulis, penyakit berikut perlu dinotifikasi melalui telefon dalam tempoh 24 jam iaitu:- Poliomielitis Akut, Kolera, Demam Denggi, Diptheria, Keracunan Makanan, Plague, Rabies dan Demam Kuning.																																
11. Cara Pengesanan Kes:					12	. Status	Pesa	ıkit:													13	. Tar	ikh	Ons	et:							
Kes Kontak FOMEMA *						Hidup																			· [· [m I		\exists
Ujian Saringan							Mati] -				-																	
14. Ujian Makmal:					15	. Keputi	ısan	Ujian	n Mak	mal	:										16.	Statı	us D	iagno	osis:							
Nama Ujian: (i)	Positif ()											Sementara (Provisional/Suspected)																				
(ii)(iii)							Negatif											Disahkan (Confirmed)														
Tarikh Sampel Diambil: Belum						ım Sia	ар											Tarikh Diagnosis														
						_																										
17. Maklumat Klinikal																				18.	Kom	en:			_					_		1
Yang Relevan:																																
C. MAKLUMAT PEMBERITAHU																																
19. Nama Pengamal Perubatan:	Ш																															
20. Nama Hospital / Klinik dan Alamat:	Ţ			Ţ										Ţ]									
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21. Tarikh Pemberitahuan:] - [ш																									andai		 nan			
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"SCHEDULE
(Regulation 2)
Form
(Regulation 2)
PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1988
PREVENTION AND CONTROL OF INFECTIOUS DISEASES (NOTICE FORM) (AMENDMENT) REGULATIONS 2011

Notification Form: Rev/2010 Serial No:

NOTIFICATION OF COMMUNICABLE DISEASES TO BE REPORTED

(Section 10, Prevention And Control Of Communicable Diseases Act, 1988)

A. PATIENT INFORMATION													
Full Name (CAPITAL LETTER):													
Accompany by(Mother/Father/Guardian): (If under age/without Identity Card)													
Identity Card Number / Travelling Document: (For Non Citizen)		Self Accompany by											
Hospital/Clinic Reg. Number: Ward: Date of Admission: / / / /													
3. Citizenship:	4. Gender: Male	Female											
Yes Race/Ethnic: Sub Ethnic:	5. Date of birth:												
(For Aborigines, Native of Sabah/Sarav		Year Month Day											
Status of Entry: Legal Illeg	7. Occupation:	state self reference)											
8. Telephone No.: Resident H.phone Office - I I I I I I I I I I I I I I I I I I													
9. Current Address:	10. Address of Employ	yer/School/College/University:											
B. DISEASE DIAGNOSIS													
	16. Hand, Food and Mouth Disease 17. Human Immunodeficiency Virus Infection 18. Influenza 19. Leprosy (Multibacillary) 20. Leprosy (Paucibacillary) 21. Leptospirosis 22. Malaria - Vivax 23. Malaria - Falciparum 24. Malaria - Malariae 25. Malaria - Others 26. Measles 27. Plague 28. Rabies 29. Relapsing Fever 30. Syphilis - Congenital	31. Syphilis - Acquired 32. Tetanus Neonatorum 33. Tetanus (Others) 34. Typhus - Scrub 35. Tuberculosis - PTB Smear Positive 36. Tuberculosis - PTB Smear Negative 37. Tuberculosis - Extra Pulmonary 38. Typhoid - Salmonella typhi 39. Typhoid - Paratyphoid 40. Viral Encephalitis - Japanese 41. Viral Encephalitis - Nipah 42. Viral Encephalitis - (Others) 43. Whooping Cough / Pertussis 44. Yellow Fever 45. Others: please specify:											
Cholera, Dengue, Diptheria, Ebola, Food Poisoning, Plague, Rabies and Yellow Fever. 11. Case detection classification: 12. Status of patient: 13. Date of Onset:													
Case Contact FOMEMA Screening Test	Live/alive Died												
14. Laboratory investigation: Investigation: (i)	15. Laboratory investigation result: Positive () Negative Pending	16. Diagnosis Status: Provisional/Suspected Confirmed Date of Diagnosis 18. Comment:											
Information:		10. Comment.											
C. NOTIFIER													
Name of Medical Practitioner: 20. Name and address of Hospital/Clinic:													
21. Date of Notification:		Signature of Medical Practitioner											