

LAMPIRAN I

Rujukan Tuan : KKM. 6240/1 sk:.....

This is to certify that

(name) (new i/c number)

Was examined on ----- And found to be physically fit. There is no history of Epilepsy or mental illness. The Clinical examination show :-

GENERAL CONDITION:

HEIGHT: ----- WEIGHT: ----- B/P: ----- PULSE: -----
EYES: VISION WITHOUT GLASSES RIGHT: ----- LEFT: -----
VISION WITH GLASSES RIGHT ----- LEFT: -----

EARS, NOSE, THROAT : -----

HEAD AND NECK : -----

LUNGS : -----

ABDOMEN: -----

HERNIA : -----

CENTRAL NERVOUS SYSTEM : -----

MUSCULO SEKELETAL SYSTEM : -----

LYMPHATIC SYSTEM ; -----

X-RAY CHEST : -----

He is physically fit / not fit to carry out fumigation activities.

Yours faithfully,

Name : -----

Clinic Address : -----

Date ; -----