

**PERMOHONAN MEMBUKA TRANSAKSI PEMERIKSAAN PERUBATAN PEKERJA ASING  
REQUEST TO OPEN THE TRANSMISSION TO TRANSMIT THE ONLINE RESULT**

**Terma dan Syarat:**

1. Permohonan lanjutan tempoh sah laku ini mesti dibuat dalam masa sepuluh (10) hari dari tarikh akhir sah tempoh Borang Pemeriksaan Kesihatan.
2. Permohonan hanya dibenarkan sekiranya pekerja asing telah menjalani pemeriksaan kesihatan di klinik perubatan yang telah didaftarkan dalam tempoh sah borang, 30 hari.
3. Setiap borang permohonan hanya dibenarkan maksimum tiga (3) orang pekerja asing sahaja.
4. Permohonan yang dihantar bersama-sama dokumen yang lengkap sahaja akan di proses.

**Terms and Conditions:**

1. Request for extension period must be done in ten (10) days from the expiration of Medical Examination Form.
2. The request is allowed only if the foreign workers have done the medical examination at the registered clinic within the stipulated time which is 30 days.
3. Each request form is only allowed for up to a maximum of three (3) foreign workers
4. Request submitted with complete documents only will be processed.

**Butiran Permohonan / Request Details:**

1. Tarikh Permohonan / Request date : \_\_\_\_\_
2. Tarikh tamat tempoh Borang Pemeriksaan Perubatan / Expired date of Medical Examination Form : \_\_\_\_\_
3. Jenis Pemohon / Type of Applicant :

- |  |  |
|--|--|
| <input type="checkbox"/> Doktor / Doctor | <input type="checkbox"/> Makmal / Laboratory |
| <input type="checkbox"/> X-Ray / X-Ray   | <input type="checkbox"/> Majikan / Employer  |

4. No Telefon / Telephone No. : \_\_\_\_\_

5. E-mel / E-mail : \_\_\_\_\_

6. Sebab tamat tempoh / Reason of expired :

- Maklumat peribadi pekerja tidak tepat / Personal information of the worker is incorrect
- Kegagalan memasukkan maklumat di atas talian oleh pihak klinik / Failure to enter information online by the clinic
- Lain-lain / Others : \_\_\_\_\_

Kod Pekerja / Worker's Code	Nama Pekerja / Worker's Name	No. Passport / Passport No.	Warganegara / Nationality	Jantina / Gender	Tarikh Lahir / Date of Birth

**Dokumen-dokumen yang perlu di lampirkan / Documents to be attached :**

- Salinan Borang Pemeriksaan Perubatan berserta cop rasmi dari Doktor / Copy of Medical Examination Form with the official stamp of Doctor
- Salinan Akuan Kebenaran Pemeriksaan Perubatan oleh pekerja asing / Copy of Medical Examination Consent Form by a foreign worker
- Salinan keputusan X-ray / Copy of X-ray result
- Salinan keputusan Makmal / Copy of Lab result
- Salinan surat daripada Majikan / Copy of letter from Employer
- Salinan surat daripada Doktor / Copy of letter from Doctor
- Salinan Pasport / Copy of Passport

Saya / Kami dengan ini mengesahkan bahawa semua maklumat dan dokumen yang diberikan adalah sah, benar dan lengkap. Saya / Kami faham dan bersetuju dengan terma-terma dan syarat-syarat yang dinyatakan di atas. Saya / Kami telah membaca dan faham sepenuhnya Notis Pemrosesan Data Peribadi yang disertakan dengan borang ini dan dengan ini mengesahkan bahawa mana-mana orang yang data peribadinya diberikan di dalam borang ini dan semua dokumen-dokumen yang disertakan telah bersetuju bagi pemrosesan data peribadi beliau bagi tujuan pemeriksaan perubatan pekerja asing.

*I / We hereby confirm that all information and documents that have been submitted are valid, true and complete. I / We understand and agree with the terms and conditions as stated above. I / We have read and fully understand the Notice of Personal Data Processing as attached with this form and hereby confirm that any person whose personal data is given in this form and all attached documents have consented to the processing of his personal data for the purpose of medical examination of foreign worker.*

Tandatangan / Signature \_\_\_\_\_

Nama / Name \_\_\_\_\_

No. Kad Pengenalan atau No. Pasport / I.C No. or Passport No. \_\_\_\_\_

FOME MA SDN. BHD. (404653-V)  
Tel: 03-2782 8777 Fax: 03-2782 9216  
E-mail: cs@fomema.com.my  
Website: www.fomema2u.com.my

**For FOME MA Use Only:**

Updated by : \_\_\_\_\_  
Date : \_\_\_\_\_  
Remarks : \_\_\_\_\_

Approved by : \_\_\_\_\_  
Date : \_\_\_\_\_  
Remarks : \_\_\_\_\_

### **NOTIS PEMROSESAN DATA PERIBADI**

Tuan/Puan,

Kami dengan ini memberi notis kepada anda bahawa anda akan memberikan data peribadi anda kepada FOMEMA bagi tujuan pemeriksaan perubatan pekerja asing yang ingin mendapatkan pekerjaan di Malaysia. Kami ingin mengambil perhatian anda terhadap perkara-perkara berikut:-

1. Bahawa data peribadi anda yang dikehendaki untuk diberikan di dalam Borang Pendaftaran Pemeriksaan Perubatan Pekerja Asing adalah berhubungkait dengan pemeriksaan perubatan pekerja asing dan adalah perlu bagi proses pemeriksaan perubatan dan data peribadi anda akan diproses dan/atau diproses oleh FOMEMA bagi tujuan tersebut.
2. Bahawa data peribadi yang dikehendaki untuk diberikan oleh anda di dalam Borang Pendaftaran Pemeriksaan Perubatan Pekerja Asing adalah termasuk nama anda, butir-butir peribadi dan/atau nombor perhubungan.
3. Bahawa sebagai tambahan kepada data peribadi yang diberikan oleh anda di dalam Borang Pendaftaran Pemeriksaan Perubatan Pekerja Asing, FOMEMA juga akan memproses data peribadi yang diberikan oleh anda daripada sumber-sumber yang lain termasuk pasport, visa dengan rujukan atau permit (jika berkaitan) yang diberikan oleh anda kepada FOMEMA.
4. Bahawa anda mempunyai hak untuk meminta akses kepada dan untuk meminta pembetulan terhadap data peribadi anda yang diberikan kepada FOMEMA.
5. Bahawa anda boleh menghubungi Perkhidmatan Pelanggan FOMEMA di No. Tel. 03-2782 8777 No. Fax. 03-2782 9216 E-mel: [cs@fomema.com.my](mailto:cs@fomema.com.my) bagi sebarang pertanyaan atau aduan berhubung dengan data peribadi anda.
6. Bahawa data peribadi anda tidak akan dizahirkan kepada mana-mana pihak ketiga melainkan kepada Kerajaan Malaysia melalui Kementerian Kesihatan dan Kementerian Dalam Negeri berkaitan dengan status kesihatan pekerja asing.
7. Bahawa anda mempunyai pilihan bagi menghadkan pemrosesan data peribadi anda oleh FOMEMA, termasuk data peribadi yang berhubungan dengan orang lain yang boleh dikenal pasti daripada data peribadi anda, dengan memaklumkan FOMEMA secara bertulis dengan menentukan had tersebut serta alasan-alasan bagi penghadan tersebut.
8. Bahawa ia adalah sukarela bagi anda untuk membekalkan data peribadi anda kepada FOMEMA tetapi data yang tidak lengkap boleh mengakibatkan pemeriksaan perubatan pekerja asing tidak dapat diproses.

Terima kasih.

**FOMEMA SDN. BHD.**

### **NOTICE OF PERSONAL DATA PROCESSING**

Dear Sir/Madam,

We hereby give you notice that you will be providing your personal data to FOMEMA for medical examination of foreign worker seeking employment in Malaysia. We wish to bring your attention to the following:-

1. That your personal data required to be provided by you in the Foreign Worker's Medical Examination Registration Form is in relation to medical examination of foreign worker and is necessary for the medical examination process and that your personal data will be processed and/or is being processed by FOMEMA for such purpose.
2. That the personal data required to be provided by you in the Foreign Worker's Medical Examination Registration Form includes your name, personal particulars and/or contact numbers.
3. That in addition to the personal data provided by you in the Foreign Worker's Medical Examination Registration Form, FOMEMA shall also process the personal data provided by you from other sources including passport, calling visa or permit (if any) provided by you to FOMEMA.
4. That you have the right to request access to and to request correction of your personal data provided to FOMEMA.
5. That you may contact FOMEMA Customer Service at Tel No. 03-2782 8777 Fax No. 03-2782 9216 E-mail: [cs@fomema.com.my](mailto:cs@fomema.com.my) for any inquiries or complaints in respect of your personal data.
6. That your personal data shall not be disclosed to any third party except to the Government of Malaysia through the Ministry of Health and Ministry of Home Affairs in relation to foreign worker's medical status.
7. That you have a choice for limiting the processing of your personal data by FOMEMA, including personal data relating to other persons who may be identified from your personal data, by informing FOMEMA in writing specifying the limitation and the reasons for such limitation.
8. That it is voluntary for you to supply your personal data to FOMEMA but incomplete data may result the medical examination of foreign worker cannot be processed.

Thank you.

**FOMEMA SDN. BHD.**



To : **MSP Department  
FOMEMA Sdn. Bhd.**

Employer Name :  
Address :

Tel. No. : Date :

**Dear Sir / Mdm,**

**REQUEST TO OPEN THE TRANSMISSION TO TRANSMIT THE ONLINE RESULT**

As subject mention, I'm ....., the employer of the below-mentioned worker/s:

- 1. ....
- 2. ....
- 3. ....

who underwent a medical examination at the .....(clinic name) on .....(date) would like to request to open the transaction of mention foreign worker/s medical examination for the doctor or laboratory to transmit and the doctor to certify the result in the system.

Authorised signature

.....

Name : .....

NRIC : .....

Employer's Stamp (For Company only):

.....



Management of Service Provider Department  
FOMEMA Sdn. Bhd.

Tel: 03-2782 8777

Date:

(Attn:.....)

Dear Sir / Mdm,

**REQUEST TO OPEN THE TRANSMISSION TO TRANSMIT THE ONLINE RESULT**

I, Dr. .... (Clinic. ....) solemnly and sincerely declare that I have verified the identity of the following foreign worker/s as well as have carried out the medical examination on the ..... (before the expiry of the medical examination form).

	NAME	PASSPORT NO.	WORKER CODE
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....

Based on the above, we would like to request to open the transmission of the above mention foreign worker/s medical examination for online transmission.

.....  
**Signature of Doctor**

.....  
**Clinic Stamp**