

# MEDICAL CERTIFICATE No. \_\_\_\_\_ for Military/Police and Security Persons

According to guidelines on the medical examinations of Police/Military/Security persons.					
Last name: <i>Nama keluarga:</i>			First, middle name: <i>Pertama, nama tengah:</i>		
Date of birthday (day/month/year): <i>Tarikh hari jadi (hari/bulan/tahun):</i>		Gender: <input type="checkbox"/> male <input type="checkbox"/> female <i>Jantina Lelaki Perempuan</i>		Nationality: <i>Warganegara:</i>	
Passport/ID card No.: <i>Pasport / kad ID No.:</i>			Email address: <i>Alamat emel:</i>		
Examination of duty as:					
Please, designating the relevant box.				Mailing address: <i>Alamat persuratan:</i>	
<input type="checkbox"/> Military <input type="checkbox"/> CCTV Operator <input type="checkbox"/> Police <input type="checkbox"/> Door Supervisors <input type="checkbox"/> Bodyguard/EP/CP <input type="checkbox"/> Cash & Valuables in Transit <input type="checkbox"/> HECPO/PMC/PSD <input type="checkbox"/> Maritime Security Officer <input type="checkbox"/> Security Guard <input type="checkbox"/> Aviation Security Officer <input type="checkbox"/> Armed Security Guard <input type="checkbox"/> Air Marshal				_____ _____ _____ _____ _____	
Identification documents where checked at the point of examination: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>MEDICAL EXAMINATION</b> (TURN OVER FOR MEDICAL REQUIREMENTS) <b>STATE DETAILS ON REVERSE SIDE</b>					
Height:	Weight:	Blood pressure:	Pulse:	Blood Type:	Breathing:
<b>VISION:</b>		Right Eye	Left Eye	<b>HEARING:</b>	
Without Glasses				Right ear: _____ Left ear: _____	
With Glasses					
COLOR TEST TYPE: BOOK 1 LANTERN 1 COLOR TEST: YELLOW _____ RED _____ GREEN _____ BLUE _____					
HEAD AND NECK :			HEART (CARDIOVASCULAR) :		
EXTREMITIES: UPPER _____ LOWER _____					
On the basis of the examinee's personal declaration, my clinical examinations and diagnostic test result recorded on the medical examination form, I declare the examinee:					
	Military service		Law Enforcement/Police Service		Security Service
FIT	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
UNFIT <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Without restrictions	With restrictions <input type="checkbox"/>		Visual Aid Required <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of examination: ____ / ____ / 20____			THIS CERTIFICATE IS VALID FOR NOT MORE THAN TWO (2) YEAR.		
Name and degree of medical examiner:			Official stamp:		
_____  Signature of medical examiner					

## MEDICAL REQUIREMENTS

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet and in poorer ear at 5 feet.
- (b) The applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. The applicants must have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) An applicant's blood pressure must fall within an average range, taking age into account.
- (d) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, acute alcoholism, tuberculosis, acute venereal disease or neurosyphilis and/or the use of narcotics.

(i.e. chronic diseases, drug addict test, prescribed medications, additional medical examination of the seafarer)

[illegible]