

NOTIFIKASI PENYAKIT BERJANGKIT YANG PERLU DILAPORKAN

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

A. MAKLUMAT PESAKIT																																															
1. Nama Penuh (HURUF BESAR): <table border="1" style="width: 100%; height: 20px;"></table>																																															
Nama Pengiring (Ibu/Bapa/Penjaga): <table border="1" style="width: 100%; height: 20px;"></table> (Jika belum mempunyai Kad Pengenalan diri)																																															
2. No. Kad Pengenalan Diri / Dokumen Perjalanan <table border="1" style="width: 100%; height: 20px;"></table> <input type="checkbox"/> Sendiri <input type="checkbox"/> Pengiring (Untuk Bukan Warganegara)																																															
No. Daftar Hospital / Klinik <table border="1" style="width: 100%; height: 20px;"></table> Nama Wad: _____ Tarikh Masuk Wad: <table border="1" style="width: 100%; height: 20px;"></table> / <table border="1" style="width: 100%; height: 20px;"></table> / <table border="1" style="width: 100%; height: 20px;"></table>																																															
3. Kewarganegaraan: Warganegara: <input type="checkbox"/> Ya Keturunan: <table border="1" style="width: 100%; height: 20px;"></table> Sukuketurunan: <table border="1" style="width: 100%; height: 20px;"></table> (Bagi O/Asli, Pribumi Sabah/Sarawak) <input type="checkbox"/> Tidak Negara Asal: <table border="1" style="width: 100%; height: 20px;"></table> Status Kedatangan: <input type="checkbox"/> Izin <input type="checkbox"/> Tanpa Izin <input type="checkbox"/> Penduduk Tetap		4. Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan 5. Tarikh Lahir: <table border="1" style="width: 100%; height: 20px;"></table> / <table border="1" style="width: 100%; height: 20px;"></table> / <table border="1" style="width: 100%; height: 20px;"></table> 6. Umur: <table border="1" style="width: 100%; height: 20px;"></table> <input type="checkbox"/> Tahun <input type="checkbox"/> Bulan <input type="checkbox"/> Hari 7. Pekerjaan: _____ (Jika tidak bekerja, nyatakan status diri)																																													
8. No. Telefon: <input type="checkbox"/> Rumah <input type="checkbox"/> Tel. Bimbit <input type="checkbox"/> Pejabat <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table> (Untuk dihubungi)																																															
9. Alamat Kediaman <table border="1" style="width: 100%; height: 20px;"></table>		10. Alamat Tempat Kerja / Belajar: <table border="1" style="width: 100%; height: 20px;"></table>																																													
B. DIAGNOSIS PENYAKIT																																															
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> 1. Poliomyelitis</td> <td><input type="checkbox"/> 16. Hand, Food and Mouth Disease</td> <td><input type="checkbox"/> 31. Syphilis - Acquired</td> </tr> <tr> <td><input type="checkbox"/> 2. Viral Hepatitis A</td> <td><input type="checkbox"/> 17. Human Immunodeficiency Virus Infection</td> <td><input type="checkbox"/> 32. Tetanus Neonatorum</td> </tr> <tr> <td><input type="checkbox"/> 3. Viral Hepatitis B</td> <td><input type="checkbox"/> 18. Influenza</td> <td><input type="checkbox"/> 33. Tetanus (Others)</td> </tr> <tr> <td><input type="checkbox"/> 4. Viral Hepatitis C</td> <td><input type="checkbox"/> 19. Leprosy (Multibacillary)</td> <td><input type="checkbox"/> 34. Typhus - Scrub</td> </tr> <tr> <td><input type="checkbox"/> 5. Viral Hepatitis (Others)</td> <td><input type="checkbox"/> 20. Leprosy (Paucibacillary)</td> <td><input type="checkbox"/> 35. Tuberculosis - PTB Smear Positive</td> </tr> <tr> <td><input type="checkbox"/> 6. AIDS</td> <td><input type="checkbox"/> 21. Leptospirosis</td> <td><input type="checkbox"/> 36. Tuberculosis - PTB Smear Negative</td> </tr> <tr> <td><input type="checkbox"/> 7. Chancroid</td> <td><input type="checkbox"/> 22. Malaria - Vivax</td> <td><input type="checkbox"/> 37. Tuberculosis - Extra Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> 8. Cholera</td> <td><input type="checkbox"/> 23. Malaria - Falciparum</td> <td><input type="checkbox"/> 38. Typhoid - Salmonella typhi</td> </tr> <tr> <td><input type="checkbox"/> 9. Dengue Fever</td> <td><input type="checkbox"/> 24. Malaria - Malariae</td> <td><input type="checkbox"/> 39. Typhoid - Paratyphoid</td> </tr> <tr> <td><input type="checkbox"/> 10. Dengue Haemorrhagic Fever</td> <td><input type="checkbox"/> 25. Malaria - Others</td> <td><input type="checkbox"/> 40. Viral Encephalitis - Japanese</td> </tr> <tr> <td><input type="checkbox"/> 11. Diphtheria</td> <td><input type="checkbox"/> 26. Measles</td> <td><input type="checkbox"/> 41. Viral Encephalitis - Nipah</td> </tr> <tr> <td><input type="checkbox"/> 12. Dysentery</td> <td><input type="checkbox"/> 27. Plague</td> <td><input type="checkbox"/> 42. Viral Encephalitis - (Others)</td> </tr> <tr> <td><input type="checkbox"/> 13. Ebola</td> <td><input type="checkbox"/> 28. Rabies</td> <td><input type="checkbox"/> 43. Whooping Cough / Pertussis</td> </tr> <tr> <td><input type="checkbox"/> 14. Food Poisoning</td> <td><input type="checkbox"/> 29. Relapsing Fever</td> <td><input type="checkbox"/> 44. Yellow Fever</td> </tr> <tr> <td><input type="checkbox"/> 15. Gonorrhoea</td> <td><input type="checkbox"/> 30. Syphilis - Congenital</td> <td><input type="checkbox"/> 45. Others: please specify: _____</td> </tr> </table>			<input type="checkbox"/> 1. Poliomyelitis	<input type="checkbox"/> 16. Hand, Food and Mouth Disease	<input type="checkbox"/> 31. Syphilis - Acquired	<input type="checkbox"/> 2. Viral Hepatitis A	<input type="checkbox"/> 17. Human Immunodeficiency Virus Infection	<input type="checkbox"/> 32. Tetanus Neonatorum	<input type="checkbox"/> 3. Viral Hepatitis B	<input type="checkbox"/> 18. Influenza	<input type="checkbox"/> 33. Tetanus (Others)	<input type="checkbox"/> 4. Viral Hepatitis C	<input type="checkbox"/> 19. Leprosy (Multibacillary)	<input type="checkbox"/> 34. Typhus - Scrub	<input type="checkbox"/> 5. Viral Hepatitis (Others)	<input type="checkbox"/> 20. Leprosy (Paucibacillary)	<input type="checkbox"/> 35. Tuberculosis - PTB Smear Positive	<input type="checkbox"/> 6. AIDS	<input type="checkbox"/> 21. Leptospirosis	<input type="checkbox"/> 36. Tuberculosis - PTB Smear Negative	<input type="checkbox"/> 7. Chancroid	<input type="checkbox"/> 22. Malaria - Vivax	<input type="checkbox"/> 37. Tuberculosis - Extra Pulmonary	<input type="checkbox"/> 8. Cholera	<input type="checkbox"/> 23. Malaria - Falciparum	<input type="checkbox"/> 38. Typhoid - Salmonella typhi	<input type="checkbox"/> 9. Dengue Fever	<input type="checkbox"/> 24. Malaria - Malariae	<input type="checkbox"/> 39. Typhoid - Paratyphoid	<input type="checkbox"/> 10. Dengue Haemorrhagic Fever	<input type="checkbox"/> 25. Malaria - Others	<input type="checkbox"/> 40. Viral Encephalitis - Japanese	<input type="checkbox"/> 11. Diphtheria	<input type="checkbox"/> 26. Measles	<input type="checkbox"/> 41. Viral Encephalitis - Nipah	<input type="checkbox"/> 12. Dysentery	<input type="checkbox"/> 27. Plague	<input type="checkbox"/> 42. Viral Encephalitis - (Others)	<input type="checkbox"/> 13. Ebola	<input type="checkbox"/> 28. Rabies	<input type="checkbox"/> 43. Whooping Cough / Pertussis	<input type="checkbox"/> 14. Food Poisoning	<input type="checkbox"/> 29. Relapsing Fever	<input type="checkbox"/> 44. Yellow Fever	<input type="checkbox"/> 15. Gonorrhoea	<input type="checkbox"/> 30. Syphilis - Congenital	<input type="checkbox"/> 45. Others: please specify: _____
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Selain dari notifikasi bertulis, penyakit berikut perlu dinotifikasi melalui telefon dalam tempoh 24 jam iaitu:- Acute Poliomyelitis, Cholera, Dengue, Diphtheria, Ebola, Food Poisoning, Plague, Rabies dan Yellow Fever																																															
11. Cara Pengesanan Kes: <input type="checkbox"/> Kes <input type="checkbox"/> Kontak <input type="checkbox"/> FOMEMA * <input type="checkbox"/> Ujian Saringan _____		12. Status Pesakit: <input type="checkbox"/> Hidup <input type="checkbox"/> Mati <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table>																																													
13. Tarikh Onset: <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table>																																															
14. Ujian Makmal: Nama Ujian: (i) _____ (ii) _____ (iii) _____ Tarikh Sampel Diambil: <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table>		15. Keputusan Ujian Makmal: <input type="checkbox"/> Positif (_____) <input type="checkbox"/> Negatif <input type="checkbox"/> Belum Siap																																													
16. Status Diagnosis: <input type="checkbox"/> Sementara (Provisional/Suspected) <input type="checkbox"/> Disahkan (Confirmed) Tarikh Diagnosis: <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table>																																															
17. Maklumat Klinik Yang Relevan: <table border="1" style="width: 100%; height: 20px;"></table>		18. Komen: <table border="1" style="width: 100%; height: 20px;"></table>																																													
C. MAKLUMAT PEMBERITAHU																																															
19. Nama Pengamal Perubatan: <table border="1" style="width: 100%; height: 20px;"></table>																																															
20. Nama Hospital / Klinik dan Alamat: <table border="1" style="width: 100%; height: 20px;"></table>																																															
21. Tarikh Pemberitahuan: <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table> - <table border="1" style="width: 100%; height: 20px;"></table>																																															
<p>..... Tandatangan Pengamal Perubatan</p>																																															