**BORANG PENDAFTARAN PROGRAM PEMERIKSAAN KESIHATAN KEBANGSAAN (PPKK)**

***NATIONAL HEALTH SCREENING PROGRAMME (NHSP) REGISTRATION FORM***

[www.ppkk.gov.bn](http://www.ppkk.gov.bn)

**Sila isikan (jika berkenaan) dengan lengkap / *Please fill in (if applicable) the form completely***

[Soalan yang mempunyai tanda \* adalah wajib diisi / *Questions marked with \* are compulsory*]

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| **Nama Penuh (seperti dalam KP) / *Full Name (as per IC)*: \***  [HURUF BESAR / *CAPITAL LETTERS*] | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **No. & Warna Kad Pengenalan Pintar / *Identity Card No. & Colour:* \***  [Contoh / *E.g.*:00-123456] | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | – |  |  |  |  |  |  | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Kuning / *Yellow* |  |  | Merah / *Red* |  | |
| **No. Bru-HIMS / *Bru-HIMS No:*** | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **BN** |  |  |  |  |  |  |  |  | |
| **Jantina / *Gender*: \***  [sila tanda (/)/ *please tick (/)* ] | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Lelaki / *Male* |  |  | Perempuan / *Female* |  | |
| **Tarikh Lahir/ Date of Birth: \*** | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***d*** | ***d*** | ***–*** | ***m*** | ***m*** | ***–*** | ***y*** | ***y*** | ***y*** | ***y*** | |  |  | *–* |  |  | *–* |  |  |  |  | |
| **Umur / *Age*: \***  [untuk 40 tahun ke atas sahaja / *for 40 years old & above only*] | | |  |  | | --- | --- | |  |  | |
| **No. telefon / *Contact No.*: \*** | |  |
| **Alamat emel / *E-mail address*:** | |  |
| **Alamat tempat tinggal sekarang / *Current address of residence*: \*** | | |
|  | | |
| **Poskod / *Postcode*: \*** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | |
| **Daerah / *District*:**  [sila tanda (/)/ *please tick (/)* ] | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Brunei-Muara |  |  | Tutong |  | |  |  |  |  |  | | Belait |  |  | Temburong |  | | |

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| **Sila tandakan pusat kesihatan kawasan tadahan biskita (/) / *Tick your catchment area health centre (/)*** |
| |  |  |  |  | | --- | --- | --- | --- | | Pusat Kesihatan Berakas |  | Pusat Kesihatan Lamunin |  | | Pusat Kesihatan PAPHMWHB, Gadong |  | Pusat Kesihatan Sungai Kelugos |  | | Pusat Kesihatan Jubli Perak, Sengkurong |  | Pusat Kesihatan Telisai |  | | Pusat Kesihatan Muara |  | Pusat Kesihatan Kuala Belait |  | | Pusat Kesihatan PAPHRSB, Sg Asam |  | Pusat Kesihatan Seria |  | | Pusat Kesihatan Pengkalan Batu |  | Pusat Kesihatan Sungai Liang |  | | Pusat Kesihatan Jubli Emas Bunut |  | Klinik Kesihatan Labi |  | | Pusat Kesihatan Pekan Tutong |  | Hospital PIHM, Temburong |  | |

Dengan menurunkan tandatangan di borang ini, saya memberi kebenaran kepada pihak Kementerian Kesihatan membuat pemeriksaan kesihatan ke atas diri saya dan juga menggunakan maklumat yang diberikan untuk tujuan kajiselidik bagi meningkatkan lagi kualiti kesihatan rakyat dan penduduk di Negara Brunei Darussalam.

By signing this form, I hereby give my consent to the Ministry of Health to do health screening on me and also use the data or information for research purposes in order to enhance the quality of health among the citizens and residents of Brunei Darussalam

|  |  |
| --- | --- |
| **Tandatangan** | **Tarikh** |
| **Signature** | **Date** |

**Nota/ Note:**

Setelah borang ini sudah diisi, sila masukkan ke dalam peti khusus yang telah disediakan di pusat kesihatan kawasan tadahan biskita ataupun, biskita boleh emel kepada [health.screening@moh.gov.bn](mailto:health.screening@moh.gov.bn)

Once this form has been filled, you may drop it off into a specified dropbox at your catchment area health centre or alternatively, you may e-mail to [health.screening@moh.gov.bn](mailto:health.screening@moh.gov.bn)