



**PERTUBUHAN KESELAMATAN SOSIAL  
WISMA PERKESO  
155, JALAN TUN RAZAK  
50400, KUALA LUMPUR  
Tel . Am : 03 – 26872600**

### LAPORAN PERUBATAN / MEDICAL REPORT

#### 1. Maklumat Pesakit / Patient Particular

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

Umur / Age :                        Keturunan / Race : \_\_\_\_\_

No. Kppn / I.C :

Nama dan alamat Majikan / Name and address of Employer : \_\_\_\_\_

Tarikh dan waktu kemalangan / Date and time of accident : \_\_\_\_\_

Tarikh dan waktu rawatan pertama / Date and time of first treatment : \_\_\_\_\_

#### 2. Doktor Yang Merawat / Attending Doctor

: \_\_\_\_\_

#### 3. Masalah / Complaint

: \_\_\_\_\_

#### 4. Sejarah Kemalangan / History of Accident :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 5. Pemeriksaan Fizikal / Physical Examination :

5.1. Loss of consciousness                      Yes (     )                      No (     )

5.2. Vomiting                                      Yes (     )                      No (     )

5.3. Bleeding ( ENT )                              Yes (     )                      No (     )

5.4. GCS \_\_\_\_\_ / **15** ( if less than 15 please specify )

5.5. Blood pressure \_\_\_\_\_ **mmHg**

5.6. Fractures and Wounds

Soft tissue injury : \_\_\_\_\_

Close fracture : \_\_\_\_\_

Compound fracture : \_\_\_\_\_

5.7. Kecederaan sendi, anggota lain / Joint, other limb injuries ( Please specify ) \_\_\_\_\_

\_\_\_\_\_

5.8. Review of System

CVS : \_\_\_\_\_

Lungs : \_\_\_\_\_

Abdomen : \_\_\_\_\_

Others : \_\_\_\_\_

**6. Kecacatan atau penyakit sedia ada /  
Pre – existing condition**

Yes (        ) Nyatakan

No (        )

\_\_\_\_\_

**7. Pemeriksaan / Investigations ( X-ray finding / lab test / others )**

Pemeriksaan ( X-ray ) / X-Ray

Laporan Makmal / Lab test

Lain – lain ( others ) : \_\_\_\_\_

**8. Diagnosa / Diagnosis :** \_\_\_\_\_

**9. Rawatan / Treatment**

Pesakit luar / out patient

Pesakit dalam / In patient

Nyatakan / specify : \_\_\_\_\_

**10. Tempoh cuti sakit / period of medical leave**

Dari : 

--	--	--	--	--	--

Hingga : 

--	--	--	--	--	--

**11. Catatan / Remarks ( Jika ada )**

\_\_\_\_\_  
\_\_\_\_\_

Saya mengaku bahawa kenyataan di atas adalah lengkap dan benar.  
I hereby certify that the statement above are complete and true

Tarikh /  
Date : \_\_\_\_\_

T.T Pakar / Doktor  
Signature of the Specialist / Doctor

\_\_\_\_\_

Nama penuh dan kelulusan  
( Full name and qualification )

Cop rasmi Klinik / Hospital  
( Clinic or Hospital official stamp )

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_