**PENGESAHAN PERUBATAN / KESIHATAN BAGI PERMOHONAN PERMIT MENGAJAR IPS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAMA / NAME | : | ……………………………………………………………………………………. | | | | | | | | |
|  |  |  | | | | | | | | |
| UMUR / AGE | : | …………... | | JANTINA / SEX | | | : | ……………………. | | |
|  |  |  | | | | | | | | |
| NO. KP | : | …………………………………………. | | | | | | | | |
|  |  |  | | | | | | | | |
| NAMA / ALAMAT IPS  NAME / ADDRESS IPS | | | | | : | ………………………………………………………………..  ………………………………………………………………...  ……………………………………………………………….. | | | | |
|  | | | | |  |  | | | | |
| BERAT / WEIGHT: | | …………... | TINGGI / HEIGHT: | | | | ………… | | | TEKANAN DARAH :  BLOOD PRESSURE : ……./ ……. |
|  | | | | | | | | | | |
| PENGLIHATAN DENGAN CERMIN MATA /  VISION WITH GLASSES : RIGHT : ………… LEFT : …………. | | | | | | | | | | |
|  | | | | | | | | | | |
| PENGLIHATAN TANPA CERMIN MATA /  VISION WITHOUT GLASSES : RIGHT : ………… LEFT : …………. | | | | | | | | | | |
|  | | | | | | | |  |  | |
| SISTEM PENAFASAN /  RESPIRATORY SYSTEM | | | | | | | | ; | ………………………………………………... | |
|  | | | | | | | |  |  | |
| SISTEM KARDIOVASKULAR /  CARDIOVASCULAR SYSTEM | | | | | | | | ; | ………………………………………………... | |
|  | | | | | | | |  |  | |
| SISTEM PENCERNAAN /  ALIMENTARY SYSTEM | | | | | | | | ; | ………………………………………………... | |
|  | | | | | | | |  |  | |
| SISTEM UROGENITAL / UROGENITAL SYSTEM | | | | | | | | ; | ………………………………………………... | |
|  | | | | | | | |  |  | |
| SISTEM SARAF /  NERVOUS SYSTEM | | | | | | | | : | ………………………………………………... | |

CATATAN : ………………………………………………………………………………………

NOTES ……………………………………………………………………………………….

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(Tandatangan dan Cap Doktor) Tarikh