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

|  |  |  |
| --- | --- | --- |
| 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