28 Jun 2011
28 June 2011
P.U. (A) 206

WARTA KERAJAAN PERSEKUTUAN

FEDERAL GOVERNMENT GAZETTE

PERATURAN-PERATURAN PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (BORANG NOTIS) (PINDAAN) 2011

PREVENTION AND CONTROL OF INFECTIOUS DISEASES (NOTICE FORM) (AMENDMENT) REGULATIONS 2011

DISIARKAN OLEH/
PUBLISHED BY
JABATAN PEGUAM NEGARA/
ATTORNEY GENERAL'S CHAMBERS

AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT 1988

PERATURAN-PERATURAN PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (BORANG NOTIS) (PINDAAN) 2011

PADA menjalankan kuasa yang diberikan oleh seksyen 31 Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988 [*Akta 342*], Menteri membuat peraturan-peraturan yang berikut:

Nama

1. Peraturan-peraturan ini bolehlah dinamakan **Peraturan-Peraturan Pencegahan dan Pengawalan Penyakit Berjangkit (Borang Notis) (Pindaan) 2011**.

Pindaan peraturan 2

2. Peraturan-Peraturan Pencegahan dan Pengawalan Penyakit Berjangkit (Borang Notis) 1993 [*P.U. (A) 328/1993*] dipinda dalam peraturan 2 dengan menggantikan Jadual 2 dengan jadual yang berikut:

"JADUAL
(Peraturan 2)

Borang
(Peraturan 2)

AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT 1988

PERATURAN-PERATURAN PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (BORANG NOTIS)(PINDAAN) 2011

Borang Notis: Rev/2010
No. Siri :

BORANG NOTIFIKASI PENYAKIT BERJANGKIT
(Seksyen 10, Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988)

A. MAKLUMAT PESAKIT

1. **Nama Penuh** (HURUF BESAR):

Nama Pengiring (Ibu/Bapa/Penjaga):
(Jika belum mempunyai Kad Pengenalan diri)

2. No. Kad Pengenalan Diri / Dokumen Perjalanan ☐ Sendiri ☐ Pengiring
(Untuk Bukan Warganegara)

No. Daftar Hospital / Klinik Nama Wad: Tarikh Masuk Wad: / /

3. Kewarganegaraan:
Warganegara:
☐ Ya Keturunan:
Sukuketurunan:
(Bagi O/Asli, Pribumi Sabah/Sarawak)
☐ Tidak Negara Asal:
Status
Kedatangan: ☐ Izin ☐ Tanpa Izin ☐ Penduduk Tetap

4. Jantina: ☐ Lelaki ☐ Perempuan

5. Tarikh Lahir: / /

6. Umur: ☐ Tahun ☐ Bulan ☐ Hari

7. Pekerjaan:
(Jika tidak bekerja, nyatakan status diri)

8. No. Telefon: ☐ Rumah ☐ Tel. Bimbit ☐ Pejabat -
(Untuk dihubungi)

9. Alamat Kediaman

10. Alamat Tempat Kerja / Belajar:

B. DIAGNOSIS PENYAKIT

☐ 1. Poliomyelitis	☐ 16. Hand, Food and Mouth Disease	☐ 31. Syphilis - Accquired
☐ 2. Viral Hepatitis A	☐ 17. HIV	☐ 32. Tetanus Neonatorum
☐ 3. Viral Hepatitis B	☐ 18. Influenza	☐ 33. Tetanus - Lain-lain
☐ 4. Viral Hepatitis C	☐ 19. Leprosy (*Paucibacillary*)	☐ 34. Typhus - *Scrub*
☐ 5. Viral Hepatitis - Lain-lain	☐ 20. Leprosy (*Multibacillary*)	☐ 35. Tuberkulosis - *PTB Smear Positive*
☐ 6. AIDS	☐ 21. Leptospirosis	☐ 36. Tuberkulosis - *PTB Smear Negative*
☐ 7. Chancroid	☐ 22. Malaria - *Vivax*	☐ 37. Tuberkulosis - *Extra Pulmonary*
☐ 8. Cholera	☐ 23. Malaria - *Falciparum*	☐ 38. Typhoid - *Salmonella typhi*
☐ 9. Dengue Fever	☐ 24. Malaria - *Malariae*	☐ 39. Typhoid - *Paratyphoid*
☐ 10. Dengue Haemorrhagic Fever	☐ 25. Malaria - *Lain-lain*	☐ 40. Viral Encephalitis - *Japanese*
☐ 11. Diphtheria	☐ 26. Measles	☐ 41. Viral Encephalitis - *Nipah*
☐ 12. Dysentery	☐ 27. Plague	☐ 42. Viral Encephalitis - Lain-lain
☐ 13. Ebola	☐ 28. Rabies	☐ 43. Whooping Cough / Pertussis
☐ 14. Food Poisoning	☐ 29. Relapsing Fever	☐ 44 Yellow Fever
☐ 15. Gonorrhoea	☐ 30. Syphilis - *Congenital*	☐ 45 *Lain - Lain*

Selain pemberitahuan bertulis, penyakit berikut perlu dimaklumkan melalui telefon dalam tempoh 24 jam iaitu Poliomielitis Akut, Kolera, Demam Denggi, Diptheria, Keracunan Makanan, Plague, Rabies dan Demam Kuning.

11. Cara Pengesanan Kes:
☐ Kes ☐ Kontak ☐ POMEMA
☐ Ujian Saringan

12. Status Pesakit:
☐ Hidup
☐ Mati - -

13. Tarikh Onset: - -

14. Ujian Makmal:
Nama Ujian: (i)
(ii) (iii)
Tarikh Sampel Diambil: - -

15. Keputusan Ujian Makmal:
☐ Positif ( )
☐ Negatif
☐ Belum Siap

16. Status Diagnosis:
☐ Sementara *(Provisional/Suspected)*
☐ Disahkan *(Confirmed)*
Tarikh Diagnosis - -

17. Maklumat Klinikal Yang Relevan:

18. Komen:

C. MAKLUMAT PEMBERITAHU

19. Nama Pengamal Perubatan:

20. Nama Hospital / Klinik dan Alamat:

21. Tarikh Pemberitahuan: - -

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Tandatangan
Pengamal Perubatan

Dibuat 1 Jun 2011
[K.K.(S) 280/5/7; PN(PU2)470/II]

DATO' SRI LIOW TIONG LAI
Menteri Kesihatan

PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1988

PREVENTION AND CONTROL OF INFECTIOUS DISEASES (NOTICE FORM) (AMENDMENT) REGULATIONS 2011

IN exercise of the powers conferred by section 31 of the Prevention and Control of Infectious Diseases Act 1988 [*Act 342*], the Minister makes the following regulations:

Citation

1. These regulations may be cited as the **Prevention and Control of Infectious Diseases (Notice Form) (Amendment) Regulations 2011**.

Amendment of regulation 2

2. The Prevention and Control of Infectious Diseases (Notice Form) Regulations 1993 [*P.U. (A) 328/1993*] is amended in regulation 2 by substituting Schedule 2 with the following Schedule:

"SCHEDULE
(Regulation 2)

Form
(Regulation 2)

PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1988
PREVENTION AND CONTROL OF INFECTIOUS DISEASES (NOTICE FORM) (AMENDMENT) REGULATIONS 2011

Notification Form : Rev/2010
Serial No :

NOTIFICATION FORM OF COMMUNICABLE DISEASES

(Section 10, Prevention And Control Of Communicable Diseases Act, 1988)

A. PATIENT INFORMATION

1. **Full Name** (CAPITAL LETTER):

Accompany by (Mother/Father/Guardian):
(If under age/without Identity Card)

2. Identity Card Number / Travelling Document: ☐ Self ☐ Accompany by
(For Non Citizen)

Hospital/Clinic Reg.Number. Ward:_____ Date of Admission: ☐☐ / ☐☐ / ☐☐☐☐

3. Citizenship:
Citizen
☐ Yes Race/Ethnic:
Sub Ethnic:
(For Aborigines, Native of Sabah/Sarawak)
☐ No Country of origin:
Status of Entry: ☐ Legal ☐ Illegal ☐ Permanent Resident

4. Gender: ☐ Male ☐ Female

5. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐

6. Age: ☐☐☐ ☐ Year ☐ Month ☐ Day

7. Occupation:_____
(If unemployed, please state self reference)

8. Telephone No.: ☐ Resident ☐ H.phone ☐ Office
(Contact purposes)

9. Current Address:

10. Address of Employer/School/College/University:

B. DISEASE DIAGNOSIS

☐ 1. Poliomyelitis	☐ 16. Hand, Food and Mouth Disease	☐ 31. Syphilis - Acquired
☐ 2. Viral Hepatitis A	☐ 17. HIV	☐ 32. Tetanus Neonatorum
☐ 3. Viral Hepatitis B	☐ 18. Influenza	☐ 33. Tetanus - Others
☐ 4. Viral Hepatitis C	☐ 19. Leprosy (*Paucibacillary*)	☐ 34. Typhus - *Scrub*
☐ 5. Viral Hepatitis - Others	☐ 20. Leprosy (*Multibacillary*)	☐ 35. Tuberkulosis - *PTB Smear Positive*
☐ 6. AIDS	☐ 21. Leptospirosis	☐ 36. Tuberkulosis - *PTB Smear Negative*
☐ 7. Chancroid	☐ 22. Malaria - *Vivax*	☐ 37. Tuberkulosis - *Extra Pulmonary*
☐ 8. Cholera	☐ 23. Malaria - *Falciparum*	☐ 38. Typhoid - *Salmonella typhi*
☐ 9. Dengue Fever	☐ 24. Malaria - *Malariae*	☐ 39. Typhoid - *Paratyphoid*
☐ 10. Dengue Haemorrhagic Fever	☐ 25. Malaria - Others	☐ 40. Viral Encephalitis - *Japanese*
☐ 11. Diphtheria	☐ 26. Measles	☐ 41. Viral Encephalitis - *Nipah*
☐ 12. Dysentery	☐ 27. Plague	☐ 42. Viral Encephalitis - Others
☐ 13. Ebola	☐ 28. Rabies	☐ 43. Whooping Cough / Pertussis
☐ 14. Food Poisoning	☐ 29. Relapsing Fever	☐ *44* Yellow Fever
☐ 15. Gonorrhoea	☐ 30. Syphilis - *Congenital*	☐ *45* Others: *please specify* : .....

Besides by written notification, the following diseases must be notified by telephone within 24 hours, such as:- Acute Poliomyelitis, Cholera, Dengue, Diptheria, Food Poisoning, Plague, Rabies and Yellow Fever.

11. Case detection classification:
☐ Case ☐ Contact ☐ FOMEMA
☐ Screening Test _____

12. Status of patient:
☐ Live/Alive
☐ Died ☐☐ - ☐☐ - ☐☐☐☐

13. Date of Onset: ☐☐ - ☐☐ - ☐☐☐☐

14. Laboratory investigation:
Investigation: (i)_____
(ii)_____ (iii)_____
Date of specimen taken: ☐☐ - ☐☐☐ - ☐☐☐☐

15. Laboratory investigation result:
☐ Positive (_____)
☐ Negative
☐ Pending

16. Diagnosis Status:
☐ Provisional/Suspected
☐ Confirmed
Date of Diagnosis ☐☐ - ☐☐ - ☐☐☐☐

17. Relevant Clinical Information:

18. Comment:

C. NOTIFIER

19. Name of Medical Practitioner:

20. Name and address of Hospital/Clinic:

21. Date of Notification: ☐☐ - ☐☐ - ☐☐☐☐

.....
Signature of Medical Practitioner

Made 1 June 2011
[K.K.(S) 280/5/7; PN(PU2)470/II]

DATO' SRI LIOW TIONG LAI
Minister of Health