


MAHB/MSB/SOP/AV/01-16		Issue date: 01/07/2022	Station Code:  <b>SZB</b>
	<b>HEALTH DECLARATION FORM</b>		
	<b>AVIATION SECURITY (AVSEC) DIVISION</b> <b>MALAYSIA AIRPORTS SDN BHD 199101020335 (230646-U)</b>		
Notes:	1. Compulsory for ADP and EVDP applicant's 2. Attach with ADP/EVDP application form		

This medical form helps us to ensure a safety operation of Airfield Area. We urge you to be completely thorough in providing us with the information requested.

**Personal Information**

Applicant's Name as per I/C : .....

Staff ID : .....

MY card/passport no : .....

Tel. / Hp. No. : .....

Company/Agency : .....

Emergency Contact Person : .....

Relationship : .....

Emergency contact No : .....

**DECLARATION OF MEDICAL CONDITIONS.**

**Do you have the following diseases? (Y) – Yes / (N) - No**

<input type="checkbox"/> Anaemia	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Others, please specify .....
<input type="checkbox"/> Asthma	<input type="checkbox"/> Viral hepatitis	
<input type="checkbox"/> Hearing Defect	<input type="checkbox"/> Hereditary disease	
<input type="checkbox"/> Mental Disease	<input type="checkbox"/> Cancer	
<input type="checkbox"/> Epilepsy (Sawan)	<input type="checkbox"/> Visual defect	
<input type="checkbox"/> Cardiovascular diseases	<input type="checkbox"/> Diabetes	

**Medication**

Are you on medication at the moment?

Yes

No

If Yes, please specify:

**Applicant's Declaration**

I hereby declare all the information provided above to be true and accurate to the best of my knowledge. I acknowledge that any false or misleading information supplied by me or my failure to disclose medical information affecting my employment may lead to the confiscating/ revoke of my **Airside Driving Permit / Electric Vehicle Driving Permit \***.

I certify that I am physically fit to drive in the airfield area, implying that I have no medical or physical conditions that could interfere with my safety, or if I do, I have consulted a doctor in advance, and I am willing to assume and bear the consequential costs of any risks that may be created, directly or indirectly, by any such condition.

I understand the requirement to advise Malaysia Airports Holdings Berhad and/or its subsidiaries of any changes in my personal medical conditions which would affect my ability to undertake my duties safely and to present myself for re-assessment if requested to do so.

I understand that I must not present for work or undertake working duties when under the influence of drugs and/or alcohol and I also understand that failure to comply with this requirement may lead to the termination of my employment.

I hereby confirm that I have not been involved in any road traffic accidents/incidents either at work or outside work since my last medical.

I hereby agree to undertake further Health Assessments, if required, in the future and I agree to Occupational Health releasing information regarding my fitness to do my job to my manager/HR. I understand that this might include recommendations about any restrictions or adjustments advised.

I hereby agree to indemnify and keep Malaysia Airports Holdings Berhad and/or its subsidiaries indemnified against any losses, damages, costs and/or claims arises as a result of my breach to any of the above declarations.

Applicant's Signature:

Date:

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I hereby acknowledge that I have accessed and / or read The Privacy Notice issued by MAHB which is made available at MAHB office premised as well as the website [www.malaysiaairports.com.my](http://www.malaysiaairports.com.my) or has otherwise been made available to me and confirm my agreement to the Privacy Notice.

**Employer's Declaration**

I hereby approve this application by ..... (Applicant's Name) for **Airside Driving permit / Electric Vehicle Driving Permit \***

Employer's Signature:

Date:

.....

.....

Name : .....

MY card/passport: .....

**Note: \* Please choose either one.**