

Part I – Compulsory for all applications



INSTITUT JANTUNG NEGARA
National Heart Institute

For HIMS Office Use

Doctor:

Secretary:

MEDICAL REPORT APPLICATION FORM

A) Requestor's Particulars *(Please ✓ accordingly) Report done: Post Collect By Hand

Name : _____
NRIC/Passport No.: _____ Relationship to the patient: _____
Address : _____
Contact No. : _____ Email: _____

B) Patient's Particulars

Name : _____
Contact No. : _____ Email: _____
MRN : _____ NRIC/Passport No.: _____

C) Medical Report Request *(Please ✓ accordingly)

- | | |
|---|--|
| <input type="checkbox"/> Full Medical Report (MYR 100) | <input type="checkbox"/> Baitulmal / Zakat Form (FOC) |
| <input type="checkbox"/> Insurance Application Form (MYR 100) | <input type="checkbox"/> Patient Confirmation Letter (FOC) |
| <input type="checkbox"/> EPF Health Withdrawal (MYR 50) | <input type="checkbox"/> Hajj Appeal Letter (FOC) |
| <input type="checkbox"/> EPF Incapacitation Form (MYR 100) | <input type="checkbox"/> Maid Support Letter (FOC) |
| <input type="checkbox"/> PERKESO Pencen ILAT (MYR 50) | <input type="checkbox"/> Social Welfare Department Form (FOC) |
| <input type="checkbox"/> Insurance Claim Form (MYR 50) | <input type="checkbox"/> Referral Letter / Reply Letter - Doctor (FOC) |
| <input type="checkbox"/> Others. Please specify _____ | |

D) Payment Details

As agreed, I include together the payment via **Cash / Cheque / Money Order / Postal Order / Online Banking** with the serial number _____ dated _____ issued to "Institut Jantung Negara Sdn. Bhd." with the amount of **Malaysian Ringgit (MYR)** _____ for the requested medical report(s).

E) Consent From Patient (Patient 18 years old and above) / Next of kin (Patient has passed away) / Guardian (Patient under the age of 18)

I hereby giving my consent for Institut Jantung Negara (IJN) to process and release my medical report as requested by the requestor. I will not use it against IJN under any legal circumstances with full knowledge that IJN complies with PDPA 2010.

.....
Patient's / Next of Kin / Guardian's Signature or Thumbprint Date

F) Patient / Next of kin / Guardian Verification (For HIMS Office Use)

- Consent given and aware that the requestor is requesting on behalf of the patient.
 Agreed for completed medical report to be sent to / collected by the requestor.

Receipt No.: _____ Episode No.: _____ Receipt Date: _____ Staff's Name & Official Stamp

[Insert Patient’s sticker label]



INSTITUT JANTUNG NEGARA
National Heart Institute

NOTICE AND CONSENT UNDER THE PERSONAL DATA PROTECTION ACT 2010

The Personal Data Protection Act 2010 (hereinafter referred to as “the Act”), which regulates the processing of personal data in commercial transactions, applies to Institut Jantung Negara Sdn. Bhd. and its subsidiaries (collectively referred to as “our”, “us” or “we”). For the purposes of this Notice, the terms “personal data” and “processing” shall have the same meaning as prescribed in the Act.

Notice and Consent Under the PDPA 2010 – Point No. 10

“10. If you give us personal data or information about another person, you must first confirm that he/she has appointed you to act for him/her, to consent to the processing of his/her personal data and to receive on his/her behalf any data protection notices. We may request your assistance to procure the consent of such persons whose personal data is provided by you to us and you agree to do so. You shall indemnify us in the event we suffer any loss or damage as a result of your failure to comply with the same.”

REQUESTOR

(To be filled up by appointed requestor on behalf of the patient, next of kin, or patient’s guardian)

Please complete this section if you are appointed as the official requestor on behalf of the patient.

Name:

NRIC / Passport No.: Relationship to the patient:

Phone No.:

Signature:

Date:

DECLARATION

(To be filled up by the patient / next of kin / patient’s guardian – depending on hierarchy)

To: Institut Jantung Negara Sdn. Bhd.

Attention: Health Information Management Services

I hereby confirm that I am appointing the requestor as above to apply and collect/receive the medical report(s) on my behalf. I am fully aware and clear of the Notice under the Personal Data Protection Act 2010 and consent to the processing of my / patient’s personal data and sensitive personal data in accordance with your said Notice.

Name:

NRIC OR Passport:

Signature / Thumbprint:

Date:

*next of kin – for deceased patient

*patient’s guardian – for patient under the age of 18