

Details of workers with abnormal examination results												
NO	Employee's Name	NRIC/ Passport	SEX		Job category/ Designation	Department/ Work area	Hazards exposed	Lab tests performed	Results	Laboratory normal range	Existing control measures	Recommendations/ action taken (eg MRP, Referral to specialist, follow u, repeat test etc)
			M	F								

Submit this form together with USECHH 4 FORM within 30 days of completion of medical surveillance to the Director General, Department of Occupational Safety and Health, Level 2, 3, & 4, Block D3, Parcel D, 62530 Putrajaya. This form can be downloaded from at <http://www.dosh.gov.my>. Continue if separate sheet if required