



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  
(Sekyen 10, Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988)**

A. MAKLUMAT PESAKIT		
1. Nama Penuh (HURUF BESAR): <input type="text"/>		
Nama Pengiring (Ibu/Bapa/Penjaga): <input type="text"/> <i>(Jika belum mempunyai Kad Pengenalan diri)</i>		
2. No. Kad Pengenalan Diri / Dokumen Perjalanan <input type="text"/> <input type="checkbox"/> Sendiri <input type="checkbox"/> Pengiring <i>(Untuk Bukan Warganegara)</i>		
No. Daftar Hospital / Klinik <input type="text"/> Nama Wad: <input type="text"/> Tarikh Masuk Wad: <input type="text"/> / <input type="text"/> / <input type="text"/>		
3. Kewarganegaraan: Warganegara: <input type="checkbox"/> Ya    Keturunan: <input type="text"/> Sukuketurunan: <input type="text"/> <i>(Bagi O/Asli, Pribumi Sabah/Sarawak)</i> <input type="checkbox"/> Tidak Negara Asal: <input type="text"/> Status Kedatangan: <input type="checkbox"/> Izin <input type="checkbox"/> Tanpa Izin <input type="checkbox"/> Penduduk Tetap		4. Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan 5. Tarikh Lahir: <input type="text"/> / <input type="text"/> / <input type="text"/> 6. Umur: <input type="text"/> Tahun <input type="text"/> Bulan <input type="text"/> Hari 7. Pekerjaan: <input type="text"/> <i>(Jika tidak bekerja, nyatakan status diri)</i>
8. No. Telefon: <input type="checkbox"/> Rumah <input type="checkbox"/> Tel. Bimbit <input type="checkbox"/> Pejabat <input type="text"/> - <input type="text"/>		
<i>(Untuk dihubungi)</i>		
9. Alamat Kediaman <input type="text"/>		10. Alamat Tempat Kerja / Belajar: <input type="text"/>
B. DIAGNOSIS PENYAKIT		
<input type="checkbox"/> 1. Poliomyelitis	<input type="checkbox"/> 16. Hand, Food and Mouth Disease	<input type="checkbox"/> 31. Syphilis - Acquired
<input type="checkbox"/> 2. Viral Hepatitis A	<input type="checkbox"/> 17. HIV	<input type="checkbox"/> 32. Tetanus Neonatorum
<input type="checkbox"/> 3. Viral Hepatitis B	<input type="checkbox"/> 18. Influenza	<input type="checkbox"/> 33. Tetanus - Lain-lain
<input type="checkbox"/> 4. Viral Hepatitis C	<input type="checkbox"/> 19. Leprosy ( Paucibacillary )	<input type="checkbox"/> 34. Typhus - Scrub
<input type="checkbox"/> 5. Viral Hepatitis - Lain-lain	<input type="checkbox"/> 20. Leprosy ( Multibacillary )	<input type="checkbox"/> 35. Tuberkulosis - PTB Smear Positive
<input type="checkbox"/> 6. AIDS	<input type="checkbox"/> 21. Leptospirosis	<input type="checkbox"/> 36. Tuberkulosis - PTB Smear Negative
<input type="checkbox"/> 7. Chancroid	<input type="checkbox"/> 22. Malaria - Vivax	<input type="checkbox"/> 37. Tuberkulosis - Extra Pulmonary
<input type="checkbox"/> 8. Cholera	<input type="checkbox"/> 23. Malaria - Falciparum	<input type="checkbox"/> 38. Typhoid - Salmonella typhi
<input type="checkbox"/> 9. Dengue Fever	<input type="checkbox"/> 24. Malaria - Malariae	<input type="checkbox"/> 39. Typhoid - Paratyphoid
<input type="checkbox"/> 10. Dengue Haemorrhagic Fever	<input type="checkbox"/> 25. Malaria - Lain-lain	<input type="checkbox"/> 40. Viral Encephalitis - Japanese
<input type="checkbox"/> 11. Diphtheria	<input type="checkbox"/> 26. Measles	<input type="checkbox"/> 41. Viral Encephalitis - Nipah
<input type="checkbox"/> 12. Dysentery	<input type="checkbox"/> 27. Plague	<input type="checkbox"/> 42. Viral Encephalitis - Lain-lain
<input type="checkbox"/> 13. Ebola	<input type="checkbox"/> 28. Rabies	<input type="checkbox"/> 43. Whooping Cough / Pertussis
<input type="checkbox"/> 14. Food Poisoning	<input type="checkbox"/> 29. Relapsing Fever	<input type="checkbox"/> 44. Yellow Fever
<input type="checkbox"/> 15. Gonorrhoea	<input type="checkbox"/> 30. Syphilis - Congenital	<input type="checkbox"/> 45. Lain - Lain
<b>Selain pemberitahuan bertulis, penyakit berikut perlu dimaklumkan melalui telefon dalam tempoh 24 jam iaitu Poliomyelitis Akut, Kolera, Demam Denggi, Diphtheria, Keracunan Makanan, Plague, Rabies dan Demam Kuning.</b>		
11. Cara Pengesanan Kes: <input type="checkbox"/> Kes <input type="checkbox"/> Kontak <input type="checkbox"/> POMEMA <input type="checkbox"/> Ujian Saringan		12. Status Pesakit: <input type="checkbox"/> Hidup <input type="checkbox"/> Mati <input type="text"/> - <input type="text"/> - <input type="text"/>
13. Tarikh Onset: <input type="text"/> - <input type="text"/> - <input type="text"/>		14. Ujian Makmal: Nama Ujian: (i) _____ (ii) _____ (iii) _____ Tarikh Sampel Diambil: <input type="text"/> - <input type="text"/> - <input type="text"/>
15. Keputusan Ujian Makmal: <input type="checkbox"/> Positif ( _____ ) <input type="checkbox"/> Negatif <input type="checkbox"/> Belum Siap		16. Status Diagnosis: <input type="checkbox"/> Sementara (Provisional/Suspected) <input type="checkbox"/> Disahkan (Confirmed) Tarikh Diagnosis <input type="text"/> - <input type="text"/> - <input type="text"/>
17. Maklumat Klinikal Yang Relevan: <input type="text"/>		18. Komen: <input type="text"/>
C. MAKLUMAT PEMBERITAHU		
19. Nama Pengamal Perubatan: <input type="text"/>		
20. Nama Hospital / Klinik dan Alamat: <input type="text"/>		
21. Tarikh Pemberitahuan: <input type="text"/> - <input type="text"/> - <input type="text"/>		
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)*

<b>A. PATIENT INFORMATION</b>					
1. Full Name (CAPITAL LETTER): <input style="width:100%;" type="text"/>					
Accompany by (Mother/Father/Guardian): <input style="width:100%;" type="text"/> <i>(If under age/without Identity Card)</i>					
2. Identity Card Number / Travelling Document: <input style="width:100%;" type="text"/> <input type="checkbox"/> Self <input type="checkbox"/> Accompany by <i>(For Non Citizen)</i>					
Hospital/Clinic Reg.Number: <input style="width:100%;" type="text"/> Ward: _____ Date of Admission: <input style="width:100%;" type="text"/>					
3. Citizenship: Citizen <input type="checkbox"/> Yes Race/Ethnic: <input style="width:100%;" type="text"/> Sub Ethnic: <input style="width:100%;" type="text"/> <i>(For Aborigines, Native of Sabah/Sarawak)</i> <input type="checkbox"/> No Country of origin: <input style="width:100%;" type="text"/> Status of Entry: <input type="checkbox"/> Legal <input type="checkbox"/> Illegal <input type="checkbox"/> Permanent Resident		4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 5. Date of birth: <input style="width:100%;" type="text"/> 6. Age: <input style="width:100%;" type="text"/> Year <input style="width:100%;" type="text"/> Month <input style="width:100%;" type="text"/> Day 7. Occupation: _____ <i>(If unemployed, please state self reference)</i>			
8. Telephone No.: <input type="checkbox"/> Resident <input type="checkbox"/> H.phone <input type="checkbox"/> Office <input style="width:100%;" type="text"/> <i>(Contact purposes)</i>					
9. Current Address: <input style="width:100%;" type="text"/>		10. Address of Employer/School/College/University: <input style="width:100%;" type="text"/>			
<b>B. DISEASE DIAGNOSIS</b>					
<table style="width:100%; border:none;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 1. Poliomyelitis  <input type="checkbox"/> 2. Viral Hepatitis A  <input type="checkbox"/> 3. Viral Hepatitis B  <input type="checkbox"/> 4. Viral Hepatitis C  <input type="checkbox"/> 5. Viral Hepatitis - Others  <input type="checkbox"/> 6. AIDS  <input type="checkbox"/> 7. Chancroid  <input type="checkbox"/> 8. Cholera  <input type="checkbox"/> 9. Dengue Fever  <input type="checkbox"/> 10. Dengue Haemorrhagic Fever  <input type="checkbox"/> 11. Diphtheria  <input type="checkbox"/> 12. Dysentery  <input type="checkbox"/> 13. Ebola  <input type="checkbox"/> 14. Food Poisoning  <input type="checkbox"/> 15. Gonorrhoea             </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 16. Hand, Food and Mouth Disease  <input type="checkbox"/> 17. HIV  <input type="checkbox"/> 18. Influenza  <input type="checkbox"/> 19. Leprosy ( <i>Paucibacillary</i> )  <input type="checkbox"/> 20. Leprosy ( <i>Multibacillary</i> )  <input type="checkbox"/> 21. Leptospirosis  <input type="checkbox"/> 22. Malaria - <i>Vivax</i>  <input type="checkbox"/> 23. Malaria - <i>Falciparum</i>  <input type="checkbox"/> 24. Malaria - <i>Malariae</i>  <input type="checkbox"/> 25. Malaria - Others  <input type="checkbox"/> 26. Measles  <input type="checkbox"/> 27. Plague  <input type="checkbox"/> 28. Rabies  <input type="checkbox"/> 29. Relapsing Fever  <input type="checkbox"/> 30. Syphilis - <i>Congenital</i> </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 31. Syphilis - <i>Acquired</i>  <input type="checkbox"/> 32. Tetanus Neonatorum  <input type="checkbox"/> 33. Tetanus - Others  <input type="checkbox"/> 34. Typhus - <i>Scrub</i>  <input type="checkbox"/> 35. Tuberkulosis - <i>PTB Smear Positive</i>  <input type="checkbox"/> 36. Tuberkulosis - <i>PTB Smear Negative</i>  <input type="checkbox"/> 37. Tuberkulosis - <i>Extra Pulmonary</i>  <input type="checkbox"/> 38. Typhoid - <i>Salmonella typhi</i>  <input type="checkbox"/> 39. Typhoid - <i>Paratyphoid</i>  <input type="checkbox"/> 40. Viral Encephalitis - <i>Japanese</i>  <input type="checkbox"/> 41. Viral Encephalitis - <i>Nipah</i>  <input type="checkbox"/> 42. Viral Encephalitis - Others  <input type="checkbox"/> 43. Whooping Cough / Pertussis  <input type="checkbox"/> 44. Yellow Fever  <input type="checkbox"/> 45. Others: please specify : _____             </td> </tr> </table>			<input type="checkbox"/> 1. Poliomyelitis <input type="checkbox"/> 2. Viral Hepatitis A <input type="checkbox"/> 3. Viral Hepatitis B <input type="checkbox"/> 4. Viral Hepatitis C <input type="checkbox"/> 5. Viral Hepatitis - Others <input type="checkbox"/> 6. AIDS <input type="checkbox"/> 7. Chancroid <input type="checkbox"/> 8. Cholera <input type="checkbox"/> 9. Dengue Fever <input type="checkbox"/> 10. Dengue Haemorrhagic Fever <input type="checkbox"/> 11. Diphtheria <input type="checkbox"/> 12. Dysentery <input type="checkbox"/> 13. Ebola <input type="checkbox"/> 14. Food Poisoning <input type="checkbox"/> 15. Gonorrhoea	<input type="checkbox"/> 16. Hand, Food and Mouth Disease <input type="checkbox"/> 17. HIV <input type="checkbox"/> 18. Influenza <input type="checkbox"/> 19. Leprosy ( <i>Paucibacillary</i> ) <input type="checkbox"/> 20. Leprosy ( <i>Multibacillary</i> ) <input type="checkbox"/> 21. Leptospirosis <input type="checkbox"/> 22. Malaria - <i>Vivax</i> <input type="checkbox"/> 23. Malaria - <i>Falciparum</i> <input type="checkbox"/> 24. Malaria - <i>Malariae</i> <input type="checkbox"/> 25. Malaria - Others <input type="checkbox"/> 26. Measles <input type="checkbox"/> 27. Plague <input type="checkbox"/> 28. Rabies <input type="checkbox"/> 29. Relapsing Fever <input type="checkbox"/> 30. Syphilis - <i>Congenital</i>	<input type="checkbox"/> 31. Syphilis - <i>Acquired</i> <input type="checkbox"/> 32. Tetanus Neonatorum <input type="checkbox"/> 33. Tetanus - Others <input type="checkbox"/> 34. Typhus - <i>Scrub</i> <input type="checkbox"/> 35. Tuberkulosis - <i>PTB Smear Positive</i> <input type="checkbox"/> 36. Tuberkulosis - <i>PTB Smear Negative</i> <input type="checkbox"/> 37. Tuberkulosis - <i>Extra Pulmonary</i> <input type="checkbox"/> 38. Typhoid - <i>Salmonella typhi</i> <input type="checkbox"/> 39. Typhoid - <i>Paratyphoid</i> <input type="checkbox"/> 40. Viral Encephalitis - <i>Japanese</i> <input type="checkbox"/> 41. Viral Encephalitis - <i>Nipah</i> <input type="checkbox"/> 42. Viral Encephalitis - Others <input type="checkbox"/> 43. Whooping Cough / Pertussis <input type="checkbox"/> 44. Yellow Fever <input type="checkbox"/> 45. Others: please specify : _____
<input type="checkbox"/> 1. Poliomyelitis <input type="checkbox"/> 2. Viral Hepatitis A <input type="checkbox"/> 3. Viral Hepatitis B <input type="checkbox"/> 4. Viral Hepatitis C <input type="checkbox"/> 5. Viral Hepatitis - Others <input type="checkbox"/> 6. AIDS <input type="checkbox"/> 7. Chancroid <input type="checkbox"/> 8. Cholera <input type="checkbox"/> 9. Dengue Fever <input type="checkbox"/> 10. Dengue Haemorrhagic Fever <input type="checkbox"/> 11. Diphtheria <input type="checkbox"/> 12. Dysentery <input type="checkbox"/> 13. Ebola <input type="checkbox"/> 14. Food Poisoning <input type="checkbox"/> 15. Gonorrhoea	<input type="checkbox"/> 16. Hand, Food and Mouth Disease <input type="checkbox"/> 17. HIV <input type="checkbox"/> 18. Influenza <input type="checkbox"/> 19. Leprosy ( <i>Paucibacillary</i> ) <input type="checkbox"/> 20. Leprosy ( <i>Multibacillary</i> ) <input type="checkbox"/> 21. Leptospirosis <input type="checkbox"/> 22. Malaria - <i>Vivax</i> <input type="checkbox"/> 23. Malaria - <i>Falciparum</i> <input type="checkbox"/> 24. Malaria - <i>Malariae</i> <input type="checkbox"/> 25. Malaria - Others <input type="checkbox"/> 26. Measles <input type="checkbox"/> 27. Plague <input type="checkbox"/> 28. Rabies <input type="checkbox"/> 29. Relapsing Fever <input type="checkbox"/> 30. Syphilis - <i>Congenital</i>	<input type="checkbox"/> 31. Syphilis - <i>Acquired</i> <input type="checkbox"/> 32. Tetanus Neonatorum <input type="checkbox"/> 33. Tetanus - Others <input type="checkbox"/> 34. Typhus - <i>Scrub</i> <input type="checkbox"/> 35. Tuberkulosis - <i>PTB Smear Positive</i> <input type="checkbox"/> 36. Tuberkulosis - <i>PTB Smear Negative</i> <input type="checkbox"/> 37. Tuberkulosis - <i>Extra Pulmonary</i> <input type="checkbox"/> 38. Typhoid - <i>Salmonella typhi</i> <input type="checkbox"/> 39. Typhoid - <i>Paratyphoid</i> <input type="checkbox"/> 40. Viral Encephalitis - <i>Japanese</i> <input type="checkbox"/> 41. Viral Encephalitis - <i>Nipah</i> <input type="checkbox"/> 42. Viral Encephalitis - Others <input type="checkbox"/> 43. Whooping Cough / Pertussis <input type="checkbox"/> 44. Yellow Fever <input type="checkbox"/> 45. Others: please specify : _____			
<b>Besides by written notification, the following diseases must be notified by telephone within 24 hours, such as:- Acute Poliomyelitis, Cholera, Dengue, Diphtheria, Food Poisoning, Plague, Rabies and Yellow Fever.</b>					
11. Case detection classification: <input type="checkbox"/> Case <input type="checkbox"/> Contact <input type="checkbox"/> FOMEMA <input type="checkbox"/> Screening Test _____	12. Status of patient: <input type="checkbox"/> Live/Alive <input type="checkbox"/> Died <input style="width:100%;" type="text"/>	13. Date of Onset: <input style="width:100%;" type="text"/>			
14. Laboratory investigation: Investigation: (i) _____ (ii) _____ (iii) _____ Date of specimen taken: <input style="width:100%;" type="text"/>	15. Laboratory investigation result: <input type="checkbox"/> Positive ( _____ ) <input type="checkbox"/> Negative <input type="checkbox"/> Pending	16. Diagnosis Status: <input type="checkbox"/> Provisional/Suspected <input type="checkbox"/> Confirmed Date of Diagnosis <input style="width:100%;" type="text"/>			
17. Relevant Clinical Information: <input style="width:100%;" type="text"/>		18. Comment: <input style="width:100%;" type="text"/>			
<b>C. NOTIFIER</b>					
19. Name of Medical Practitioner: <input style="width:100%;" type="text"/>					
20. Name and address of Hospital/Clinic: <input style="width:100%;" type="text"/>					
21. Date of Notification: <input style="width:100%;" type="text"/>					
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*