

DIVER MEDIC COURSE – Registration Form

PLEASE PRINT CLEARLY*

COURSE TYPE: (Please select) FULL (10-DAY) / REFRESHER COURSE	START DATE: (Refer website)	CODE: (Refer website)
Name: (to be placed on certificate)	Date of Birth (DD/MM/YY)	Mobile No:
Email:	Diver Qualification:	Date of last DMT Course:
Diver's Training Certification: (Refer to IMCA D 01/18)	Last Dive Medical:	
	Date:	Doctor:

*All information obtained is only for company use and any rights in its use remain with the individual, in compliance with the PERSONAL DATA PROTECTION ACT 2010. No information will be shared or passed on without the explicit permission of the participant.

Terms & Conditions:

1. Hyperbaric Health Asia Sdn Bhd cannot be held responsible for loss or damage to personal belongings, vehicles or injury caused during period of training.
2. Booking is confirmed upon receipt of a completed registration form together with 50% deposit or full payment.
3. Bookings by telephone, whatsapp will not be accepted without a filled registration form and payment (deposit or in full)
4. Should the training course be cancelled by Hyperbaric Health Asia Sdn Bhd, a full refund will be given.

Payment Details:

1. All payments by cheques are to be made in Malaysian Ringgit, and made in favour of: ***Hyperbaric Health Asia Sdn Bhd***
2. Payment via TT or Bank Transfer:
 Bank: Hong Leong Bank Berhad
 A/C No: 01200129759
 Swift Code: HLBBMYKL
3. All bank charges incurred for TT will be at the cost of the applicant
4. Course Fee:
 Full Course: MYR 5,000.00
 Refresher Course: MYR 3,350.00

I certify that the information provided above is correct to the best of my knowledge.

I have read the above "Terms and Conditions" and agree to it.

I also understand that this course application is subjected to approval by Hyperbaric Health Asia Sdn Bhd.

Together with this Registration is attached Full Payment/Deposit of MYR

Items to bring for the course:

- i. Diving Log Book
- ii. Proof of Diver's Training (e.g. ADAS Card)
- iii. Passport Size Photo (x1) : soft-copy acceptable
- iv. Personal laptop

Signature:

Date:

Name in Full:

For Office Use :		
1. Application Received:	2. Payment received :	3. IMCA / Non-IMCA:

Patient / Visitor Screening Form

1. Pernahkah anda melancang ke luar negeri / negara baru-baru ini?

Have you travelled outstation (outside the state) or overseas recently?

Ya (Yes) Tidak (No)

2. Adakah anda dalam kuarantin sendiri kerana berhubung rapat dengan kes COVID positif?

Are you under self-quarantine due to exposure to suspected / confirmed COVID patient(s)?

Ya (Yes) Tidak (No)

3. Adakah anda mempunyai ahli keluarga / kawan yang disyaki / diuji COVID positif?

Do you have family members or friends who are suspected / confirmed COVID positive?

Ya (Yes) Tidak (No)

4. Pernahkah anda berhubung rapat dengan sesiapa yang disyaki / diuji COVID positif?

Have you been in close contact with anyone who is suspected / confirmed COVID positive?

Ya (Yes) Tidak (No)

5. Adakah anda terlibat dalam perhimpunan besar (seperti jamuan, kenduri, ‘tabligh’, atau sebarang aktiviti keagamaan) dalam 14 hari yang lalu?

Did you participate in any mass gathering (parade, weddings, meetings, ‘tabligh’ or any other religious activities) in the past 14 days?

Ya (Yes) Tidak (No)

6. Adakah anda mempunyai simptom-simptom berikut?

Do you have the following symptoms?

	Yes	No
Batuk (Cough)	<input type="checkbox"/>	<input type="checkbox"/>
Demam (Fever)	<input type="checkbox"/>	<input type="checkbox"/>
Sakit tekak (Sore Throat)	<input type="checkbox"/>	<input type="checkbox"/>
Selsema (Flu-like symptom)	<input type="checkbox"/>	<input type="checkbox"/>
Susah bernafas (Shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>
Cirit-birit (Diarrhoea)	<input type="checkbox"/>	<input type="checkbox"/>

7. Nama (Name):

8. No. Talipon (Phone contact):

9. _____ / _____
Tarikh (Date) Masa (Time)