



## MALAYSIAN MEDICAL COUNCIL FITNESS TO PRACTISE DECLARATION FORM

**Please Note:**

- a. The Malaysian Medical Council (the Council) reserves all rights to withhold and/or to terminate an application for registration and/or to take any action it deems fit, if any information or documents tendered is found subsequently to be false.
- b. It is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate.
- d. If you are unsure about whether a matter is important please inform the Council about it and provide full details to enable the Council to make a decision.
- e. The information provided in this application will be governed by the Council's Guidelines on Confidentiality.

### A. PERSONAL DETAILS

**Name** : .....

**NRIC/Passport No.** : .....

### B. HEALTH STATUS

#### 1. **Health condition**

a. Do you have a health condition? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C.)	Yes / No
b. Please state the full nature of the condition (Please provide details in a separate sheet)	
c. What was the date of the diagnosis?	
d. Does the condition still affect you?	Yes / No
e. If no, please state the date when you were last affected by the condition.	

#### 2. **Current status of health condition**

a. How does the condition affect you? (Please provide details in a separate sheet)	
b. What was the date of the most recent episode or occurrence?	
c. Details of treatment and/or advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)	
d. Details of all the doctors who have treated you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)	
e. Please state if your condition has resulted in any of the following:	
(i) Interruption or restriction of practice (Please provide details in a separate sheet)	Yes / No
(ii) Referral to occupational health and/or health assessments (Please provide details in a separate sheet)	Yes / No

#### 3. **Employment**

If you have been offered employment:

a. Have you informed your prospective employer of your condition?	Yes / No
b. Contact details of (Name, Job title, Address, Telephone number and Email) of the person that we can confirm details, if necessary. (Please provide details in a separate sheet)	

### C. DISCIPLINARY RECORD

4a. Have you ever been reprimanded, suspended or deregistered by a medical regulatory authority in Malaysia or another country? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section D).	Yes / No
4b. Details of the regulatory authority that imposed the sanction, including your reference/registration number; documentary evidence of the sanction imposed; and a full statement from you of the background and grounds of the sanction. Information of any appeal on the sanction (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No
4c. Have you ever been refused registration or a license to practice by any medical regulatory authority in Malaysia or another country?	Yes / No
4d. Details of the regulatory authority who refused registration; documentary evidence of the grounds for refusal; and a full statement from you as to the background and grounds of the refusal. Information of any appeal on the refusal of registration (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No
4e. Has an employer ever taken disciplinary action against you?	Yes / No
4f. Documentary evidence of the nature of the disciplinary action undertaken by the employer; contact details (Names, Address, Telephone number and Email) of person(s) involved at the employing organisation that we can approach to secure further information and details; and a full statement on the nature of the allegation and any other information you would wish us to consider. Information of any appeal including legal action (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No

### D. CRIMINAL RECORD

5a. Have you ever been convicted of an offence in a court of law or been cautioned, either in Malaysia or another country? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section E.)	Yes / No
5b. Details of the date of the conviction; name and address of the court; and the details of the penalty (if applicable) that was imposed. (Please provide details in a separate sheet)	

### E. DECLARATION

I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.	
I consent to the Malaysian Medical Council contacting the doctors I have listed in question 2d and/or the persons and/or the authorities I have listed in questions 3b, 4b, 4d and 4f should the Council decides to do so.	Yes / No
Signature :	Date:
Name :	

*The draft of this document was prepared by the Evaluation Committee comprising Datuk Dr Noor Hisham Abdullah (Chairperson), Dr Milton Lum Siew Wah, Prof Dato' Anuar Zaini Md Zain, Dato Dr Zaki Morad Mohd Zaher, Prof Datuk Abdul Razzak Mohd Said, Prof Dato Sri Abu Hassan Asaari Abdullah, Prof Lim Chin Theam, Prof Nor Azmi Kamarudin and Prof Dato Dr Abdul Hamid Abdul Kadir.*

**Adopted by the Council at its 312<sup>th</sup> meeting on 15 January 2013**