

HEALTH DECLARATION FORM

For the safety of yourself and others, it is necessary for you to consider your current state of health before applying internship program at Tasek Corporation Berhad ("Company"). You will be asked to declare your fitness to undertake the practical training at various departments. Please use this form to help you identify if you have any health problems.

Please place a tick (✓) YES or NO in each column to indicate if you have previously had or presently have any of the following:

Health and Ability Questions		YES	NO	Remarks
1	Allergies (please specify)			
2	Dust Related Illness			
3	Dermatitis / Skin Disease or Problem (please specify)			
4	Back, Neck or Knee Injury / Problems (please specify)			
5	Bone Fractures (please specify)			
6	Nervous System Disorders			
7	Asthma / Bronchitis / Chest Pain			
8	Epilepsy / Blackouts / Fits (please specify)			
9	Gastric			
10	Gout			
11	Diabetes (Insulin Dependent)			
12	Heart Related Problems			
13	High / Low Blood Pressure			
14	Phobia (please specify)			
15	Hearing Problems			
16	Visual Problems (please specify)			
17	Do you Smoke?			
18	Are you registered with any disability? (please specify)			

19. Have you ever been hospitalised? (if yes, please provide details)

YES	NO

20. Do you have any health problems at the present time? (if yes, please provide details)

YES	NO

Declaration

I hereby give my unconditional and unequivocal consent to the Company and all its related companies to process my health declaration data revealed hereto. The Company is at full liberty to process the data and share the information revealed thereto with any of the Company's related companies provided that the revelation of any health declaration data is for the purpose in relation to my internship training with the Company. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

I have read and understood the above overview of the training with respect to my health and well being. I declare that the information stated about my health is true and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld.

I am also aware that completing and submitting this form is no guarantee of any assistance whatsoever from Tasek Corporation Berhad Internship Programme.

Signature of Applicant

Name:

NRIC No. :

Date :