



Untuk Kegunaan Cawangan Sahaja

Tahun Menjadi Ahli

Potongan RM10.00 untuk Tabung Kebajikan :

Sudah / Belum *

Diluluskan / Ditolak *

Tandatangan Setiausaha Cawangan

Tarikh :

Cop Cawangan :

Untuk Kegunaan Ibu Pejabat

Diluluskan / Ditolak *

NUTP Semenanjung Malaysia

Dibayar RM

No. Cek

Tarikh :

* Potong yang tidak berkenaan

BORANG PERMOHONAN - TABUNG KEBAJIKAN NUTP PENYAKIT KRITIKAL

No. Ahli : [grid] Tarikh keahlian : [grid] Hari [grid] Bulan [grid] Tahun [grid]

BUTIR-BUTIR PEMOHON

1. Nama : [grid]

2. Jantina : [] L-Lelaki [] P-Perempuan [] Encik [] Puan [] Cik

3. Tarikh Lahir : [grid] Hari [grid] Bulan [grid] Tahun

4. Bangsa : [grid]

5. K/P (baru) : [grid] - [grid] - [grid] K/P (lama) : [grid]

6. Alamat Rumah : [grid] Poskod : [grid]

Bandar : [grid]

Negeri : [grid] No. Tel Bimbit : [grid]

E-mel : [grid]

7. Nama & Alamat Sekolah : [grid] Poskod : [grid]

Negeri : [grid] No. Tel : [grid]

BUTIR-BUTIR PENYAKIT

1. Jenis Penyakit : [grid]

2. Tarikh Disahkan Penyakit : [grid] Hari [grid] Bulan [grid] Tahun

3. Pernah membuat permohonan bagi penyakit kritikal sebelum ini : YA / TIDAK *

PENGAKUAN PEMOHON

Saya mengaku maklumat di atas adalah lengkap, betul dan benar. Pihak kesatuan berhak untuk menolak permohonan saya jika terdapat salahlaku dalam mengisi borang ini.

Tandatangan Pemohon :

Tarikh :

SEMAKAN LAMPIRAN (SALINAN)

- a. Kad Pengenalan Pemohon
b. Kad Keahlian
c. Laporan Perubatan
d. Surat Akuan Doktor
e. Nama Bank & No. Akaun (Sallnan Buku Bank / Penyata Bank)

Sila [checked] di kotak

[grid]



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JENIS PENYAKIT KRITIKAL

1. **Heart Attack**
 - Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I)
 - ECG tracing
 - Echocardiogram / Coronary Angiogram report
2. **Stroke**
 - CT Scan / MRI Report of Brain
 - * CMC to be completed by Consultant Neurologist
3. **Coronary Artery Disease Requiring Surgery**
 - Coronary Artery By-Pass Surgery Report
4. **Cancer**
 - Histopathology Report
 - CT Scan / MRI Reports, if available
 - Bone Marrow Aspiration / Trepchine Biopsy Report (Leukemia only)
 - Blood and laboratory test report
5. **Kidney Failure**
 - Kidney Dialysis Report / Dialysis Receipts
 - Kidney transplantation report
 - Blood test results
 - * CMC to be completed by Consultant Nephrologist
6. **Fulminant Viral Hepatitis**
 - CT Scan Report of Liver
 - Liver Function Test results
 - Abdominal ultrasound
 - Hepatitis viral serology test
 - Any other laboratory or pathology reports
7. **Major Organ Transplant**
 - Surgery Report
8. **Paralysis / Paraplegia**
 - X-ray/CT Scan/ MRI Reports, if available
9. **Multiple Sclerosis**
 - CT Scan & MRI Report of Brain & Spine
 - Nerve conduction study / Evoked potential test
 - * CMC to be completed by Consultant Neurologist
10. **Primary Pulmonary Arterial Hypertension**
 - All clinical and laboratory investigation results including cardiac catheterization
 - Echocardiogram report
11. **Blindness**
 - Visual Acuity Report on both eyes to be done by an ophthalmologist
 - * CMC to be completed by an Ophthalmologist.
12. **Heart Valve Replacement**
 - Heart Valve Surgery Report
13. **Loss of Hearing / Deafness**
 - Pure Tone Audiometry Test and Sound Threshold Test results
 - Brainstem Auditory Evoked Response (BAER) report
14. **Surgery to Aorta**
 - Aorta Surgery Report
15. **Loss of Speech**
 - Laryngoscopy report
 - * CMC to be completed by speech pathologist/therapist
16. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder**
 - All relevant investigation results in support of the diagnosis
17. **Major Burns**
 - Total Body Surface Area Burn Assessment Report
18. **Coma**
 - * CMC to be completed by Consultant Neurologist
19. **Terminal Disease**
 - All relevant investigation results in support of the diagnosis
20. **Motor Neuron Disease**
 - CT Scan/ MRI report of the Brain and Spine
 - Electromyography (EMG) test results
 - All relevant investigation results in support of the diagnosis
 - * CMC to be completed by Consultant Neurologist
21. **HIV Infection due to Blood Transfusion**
 - HIV antibody test by ELISA method on the date of blood transfusion
 - HIV antibody test by ELISA method 3 - 6 months from date transfusion
 - Statement from statutory Health Authority to confirm that the disease was medically acquired.
 - Western Blot test
22. **Parkinson's Disease**
 - All relevant investigation results in support of the diagnosis
 - * CMC to be completed by Consultant Neurologist
23. **Chronic Liver Disease**
 - Liver Function Test
 - CT Scan of Liver
 - All laboratory, pathology, hepatitis screening, ultrasound & histology reports
24. **Chronic Lung Disease**
 - Pulmonary Function Test results
 - Arterial Blood Gas test results
 - FEV 1 Test results
 - Relevant investigation results
25. **Major Head Trauma**
 - CT Scan / MRI Report of Brain
 - Surgery report
 - Police report, if any
26. **Aplastic Anemia**
 - Bone Marrow Aspiration Report
 - Blood transfusion records
 - Bone Marrow transplant report
 - Full Blood Picture reports
27. **Muscular Dystrophy**
 - Lumbar puncture
 - Electromyography (EMG) test results
 - Muscles biopsy
 - All relevant investigation results in support of the diagnosis
 - * CMC to be completed by Consultant Neurologist
28. **Benign Brain Tumor**
 - CT Scan / MRI Report of Brain
 - Histopathology Report, if available
29. **Encephalitis**
 - CT Scan / MRI Report of Brain
 - * CMC to be completed by Consultant Neurologist
30. **Poliomyelitis**
 - Diagnostic test results
 - * CMC to be completed by Consultant Neurologist
31. **Brain Surgery**
 - Brain Surgery Report
32. **Bacterial Meningitis**
 - CT Scan / MRI Report of Brain & Spine
 - Lumbar puncture test report
33. **Other Serious Coronary Artery Disease**
 - Coronary Angiogram Report
34. **Apallc Syndrome**
 - CT Scan / MRI Report of Brain
 - * CMC to be completed by Consultant Neurologist
35. **AIDS Cover for Medical Staff**
 - HIV antibody test by ELISA method within 5 days of the event/accident
 - HIV antibody test by ELISA method 3 - 6 months from date of blood transfusion.
 - Statement from statutory Health Authority to confirm that the disease was occupationally acquired.
 - Western Blot test
36. **Full Blown AIDS**
 - HIV antibody test by ELISA method
 - Western Blot Test
 - CD4 Cell Count
 - All serial Full Blood Picture blood test results
 - Histopathology examination (HPE)/ Biopsy report for Kaposi sarcoma or Malignant lymphoma
 - CT Scan/ MRI of Brain for Progressive multifocal leukoencephalopathy.
 - Chest X-ray report
 - Sputum C & S report
 - Sputum AFB