



SHIELD Occupational Health (OH)



**myHealth is accessible to all staffs of PETRONAS Group of Companies under Terms & Condition (T&C) and staffs of PETRONAS Group Digital located in Malaysia, where SHIELD OH Database System has been rolled out.*

Internal

Making Prescriptive Possible
Because we care.

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1.1



Introduction



myHealth : What and Why?

myHealth

Digital health solution at your fingertips!

myHealth is a portal that accessible to employee, was designed to assist employees in planning, self-triggers and better manage relevant health assessment. It is a digital solution for employees to own their health.

myHealth aims to;

- 1. SYSTEMATIC** - Provide a systematic tool to make health assessment processes happens in a manner that is seamless and effortless.
- 2. COST & TIME** - Increase efficiency when employee can save cost and time through combining (relevant) multiple health assessment.
- 3. SELF-GOVERN** - Employee can monitor and self-govern their medical records (health ownership). Selected health risk parameter can be viewed on myHealth screen to create self awareness.

5S Benefits of myHealth

01



System-Generated Reminder on health assessment and vaccination due date.

Smart Planning Tool where Preventive Health Screening (PHS) and Fitness to Work (FTW) can be done in one go.



02

03



Self Generate Letter of Undertaking(LOU). LOU is also known as authorization letter for health assessment.

Select Approved Medical Examiner (AME) of choice and preferred clinic



04

05



Increase employees' self awareness by viewing their own assessment results.

1.2



Process Flow

Process Flow - 5 Simple Steps of Letter of Undertaking Generation for Health Assessment

Step 2: Select Assessment(s)

myHealth system proposes relevant assessment to be done in one go upon selection. You can select multiple assessments or system will auto propose those assessments (e.g. FTW + MS Chemical) to be done in one go.

Step 4: Select AME & Clinic

Select your preferred Approved Medical Examiner (AME) & clinic (Appointment at the clinic to be done by employee accordingly if required).



Step 1: Access myHealth

- Log-in to **myPASSPORT**
- Employee Self-Service
- Click **myHealth**

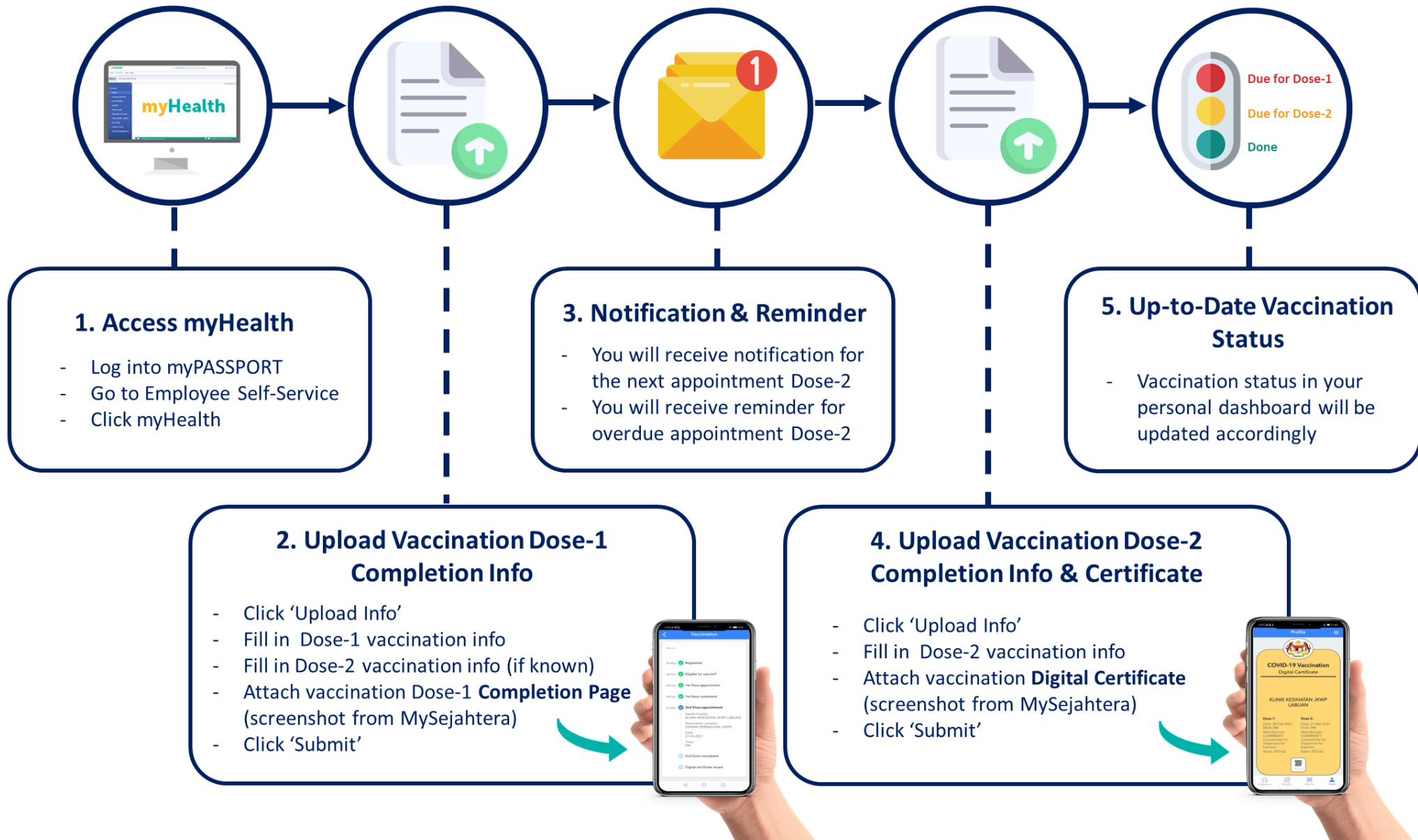
Step 3: Complete Questionnaire

Click the 'Questionnaire' Button and complete the designated questionnaire.

Step 5: Generate LoU

Generate/print the LoU for the selected assessment and bring it to the clinic for your appointment.

Process Flow - 5 Simple Steps of Self-Update Info & Upload COVID-19 Vaccine Certificate



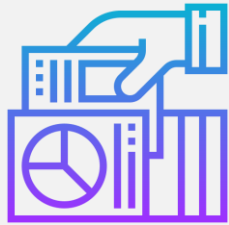
1.3



User Role

Role	Responsibility
User (PETRONAS Employees)	<ul style="list-style-type: none"> • Keep track on when your health assessment is due and take action • View their fitness to work, MS-Chemical and Noise results online • Self-generated LoU • Select preferred AME and clinic
AME	<ul style="list-style-type: none"> • Approved Medical Examiner to conduct health assessment for employees • Approved Medical Examiner to submit assessment results to PETRONAS
HSE OH Focal	<ul style="list-style-type: none"> • Plan Health Assessment protocols for PETRONAS employees
HR	<ul style="list-style-type: none"> • Identify employee and assign assessment to the respective employee for pre-placement • Issues manual LoU to candidates who are under pre-employment. • Issues manual LoU to PETRONAS employee for cause.
PETRONAS Contact Centre (PCC)	<ul style="list-style-type: none"> • Manage myHealth technical issues for OPU and PETRONAS Group Digital
Pengerang Integrated Complex Shared Services Centre (PIC SSC) Call Centre Level 1	<ul style="list-style-type: none"> • Manage myHealth technical issues for PRPC SB, PRPC UF, PC INA

2.1



Access myHealth

Access myHealth – Option A

Snapshot

1

<http://mypassport.petronas.com.my>

The screenshot displays the myPASSPORT portal interface. At the top, it says "myPASSPORT my PETRONAS Advanced Self-Service Portal" with "New Session" and "Log off" buttons. Below the navigation tabs (Home, Employee Self-Service, HR Self-Service, BI Reports, OARP), there's a "Full Screen" button. The main content area features the myPASSPORT logo and a world map. A user profile section shows "Hello UAT PSR00343 Webform EM04f { suhana.samsudin@petronas.com.my }" with fields for Personnel Number, Organizational Unit, Superior, IC Number, Position, and EPF Number, Tax Number. A "Most Frequently Used" section is highlighted with a red box and a yellow circle containing the number "2". This section lists: MyHealth, List of Approved Medical Examiners (AME) Clinics, Time Statement, Organizational Chart, and Training Home. Below this, there are sections for "Highlight & Announcement" and "Calendar".

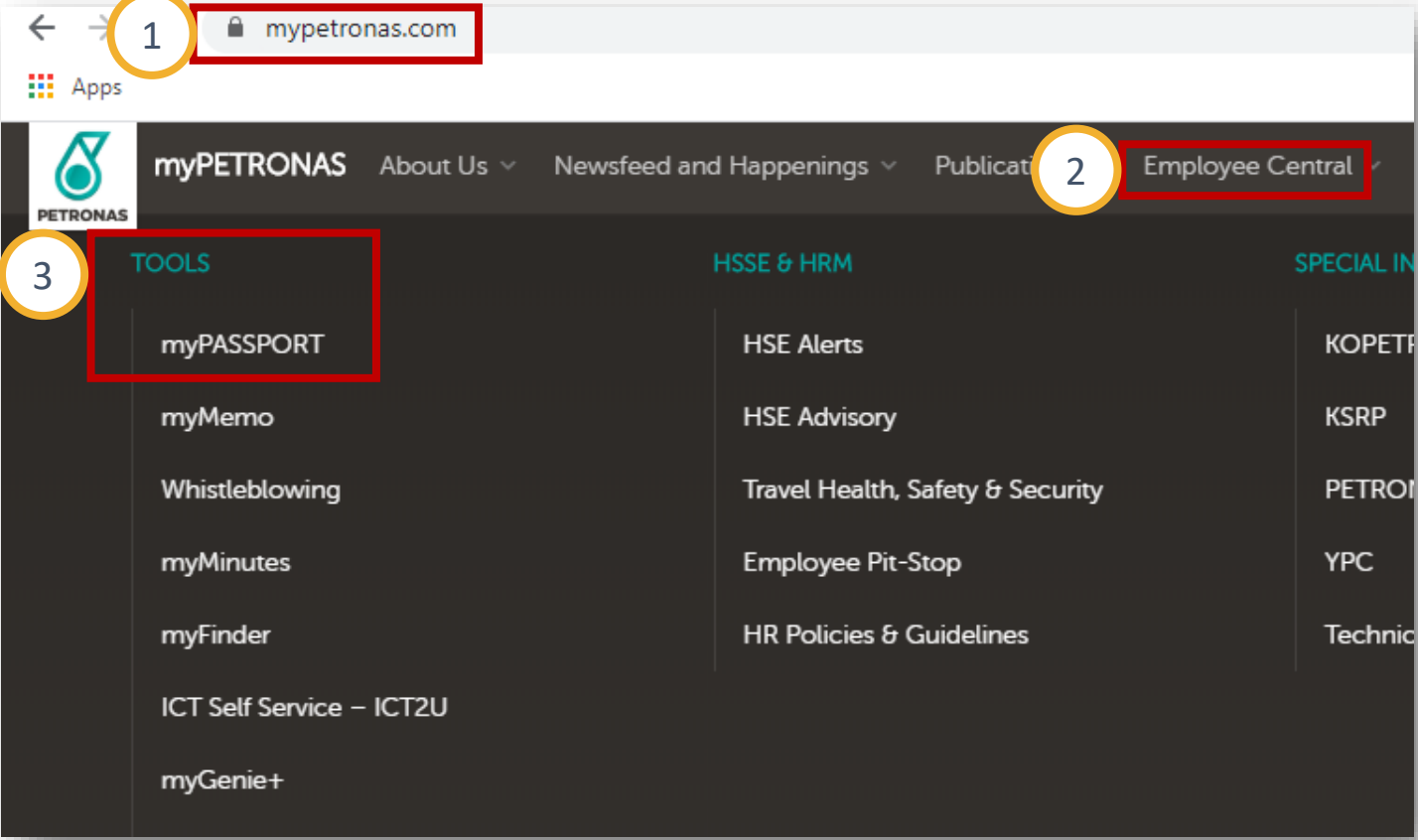
Steps

1. Go to <https://mypassport.petronas.com.my> using Microsoft Edge browser.
2. Search and click “myHealth” tab.

Note: Employee can access myPASSPORT homepage directly via Single Sign On (SSO). No login credential is required for SSO if employee is using PETRONAS laptop.

Login credential is needed for employee who access myPASSPORT using non-PETRONAS laptop.

Access myHealth – Option B (1/3)

Snapshot	Steps
 <p>The screenshot shows a web browser at the URL https://mypetronas.com. The page header includes the myPETRONAS logo and navigation links: About Us, Newsfeed and Happenings, and Publications. The 'Employee Central' tab is selected in the top navigation menu. The main content area is divided into three columns: TOOLS, HSSE & HRM, and SPECIAL IN. The 'myPASSPORT' link is highlighted under the TOOLS section.</p>	<ol style="list-style-type: none">1. Go to https://mypetronas.com using a web browser.2. Search and click “Employee Central” tab.3. Under “TOOLS” click “myPASSPORT”.

Access myHealth – Option B (2/3)

Snapshot

myPASSPORT my PETRONAS Advanced Self-Service Portal

Back Forward Personalize View

Employee Self-Service HR Self-Service BI Reports OARP

Full Screen

Overview

- Home
- Universal Worklist
- myPETRONAS
- myHRM
- Online Guide
- Relocation Services
- Living Abroad
- Travel Health, Safety ...
- AIA Portal
- Check In Form
- Travel Management C...

myPASSPORT Empowering People • Enhancing Value

Hello UAT PSR00343 Webform EM04f { suhana.samsudin@petronas.com.my }

Personnel Number	Organizational Unit	Superior
IC Number	Position	Cost Center
EPF Number	Tax Number	Mobile Number

View & Update Personal Data

Highlight & Announcement

- Notification on GHRS New Email Address
- Contribution to Dana Asy-Syakirin & Yayasan UTP

Read More >>

Most Frequently Used

- MyHealth
- List of Approved Medical Examiners (AME) Clinics
- Time Statement
- Organizational Chart
- Training Home

Calendar

March 2020 April 2020

Mo Tu We Th Fr Sa Su Mo Tu We Th Fr Sa Su

Create Leave Request

Cherish The Moments

Birthdays

Mon 23.03.2020 Npibnbe Gbfa bin Bafnj

Mon 23.03.2020 WdHhla TdEa Gbfa

Steps

4. Click “Employee Self-Service”.

Access myHealth – Option B (3/3)

Snapshot

The screenshot displays the myPASSPORT Advanced Self-Service Portal. The main navigation bar includes 'Home', 'Employee Self-Service', 'HR Self-Service', 'BI Reports', and 'OARP'. The 'Employee Self-Service' section is active, showing a grid of service categories: Time and Attendance, Benefits and Payment, Personal Information, Training, and Employee's HR Documents. A 'Test' section is also visible, containing a 'test page' link. A red box highlights the 'MyHealth' link under the 'Test' section, with a yellow circle containing the number '5' next to it.

Steps

5. Click “myHealth”.

Note: Click on “List of Approved Medical Examiner (AME) Clinics” to find the nearest AME in your area and their telephone contact for you to book an appointment with the clinic if required

2.2



myHealth Landing Page

Snapshot

Steps

1 **myHealth**
Health in your hands

2 **O +VE** **21.76** **Normal** **Low risk**
Blood Group BMI (Body Mass Index) Cholesterol Level Risk Of Heart Attack

3 **UPCOMING ASSESSMENT**
You are due for the following health assessment which are planned by your HSE Focal. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> Medical Surveillance	Noise	31.03.2020		
<input type="checkbox"/> FtW - For Cause	Post Accident	12.09.2020		
<input type="checkbox"/> Medical Surveillance	Toluene	01.11.2020		
<input checked="" type="checkbox"/> Fitness To Work	Driver	31.12.2019	DR ROSLI BIN RAHIM	<input type="button" value="Print"/>
<input checked="" type="checkbox"/> Fitness To Work	Food Handler	12.04.2020	DR ROSLI BIN RAHIM	<input type="button" value="Print"/>

Questionnaire

4

5 **COMPLETED ASSESSMENT**
These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
31.12.2019	Periodic (Preventive)	<input type="button" value="Print"/>	

1. You are now at **myHealth** landing page.
2. High-level health status
Mouse over will display the description of each status
3. Upcoming assessment(s)
Shows the past (overdue) and current year due assessments
4. The validity date for printed LoU is 30 days. Once expired, you can always return to myHealth to re-print and the system will issue new LoU with new validity period.
5. Assessment that has been completed
If the same assessment had been done for more than 1 time (e.g. in 2016 & 2019), **myHealth** will display the latest record (i.e. assessment done in 2019). You can also "Print certificate" for the job specific fitness to work if required.

2.3



Letter of Undertaking Request & Generation for Health Assessment

2.3.1



Select Assessment(s)

Select Assessment(s)

Snapshot

myHealth
Health in your hands

A -VE Blood Group
20.42 BMI (Body Mass Index)
Normal Cholesterol Level
Low risk Risk Of Heart Attack

UPCOMING ASSESSMENT
This list consists of medical assessment that has been planned by your respective HSE. Submitting the questionnaire and selecting preferred AME DOES NOT book an appointment at the respective clinic. Please book the appointment with your preferred AME by contacting them directly.

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input checked="" type="checkbox"/> Fitness To Work	Periodic (Preventive)			
<input type="checkbox"/> Medical Surveillance	Xylene			
<input checked="" type="checkbox"/> Fitness To Work	Pre-Placement Health Assessment (Oversea)			
<input type="checkbox"/> Medical Surveillance	Noise			
<input checked="" type="checkbox"/> Fitness To Work	Offshore			

Questionnaire

COMPLETED ASSESSMENT
This list consists of medical assessment that you have completed since December 2017. You may print the certificate for any assessment if required.

Date	Protocol	Print Certificate	AME Remarks
06.11.2017	Pre-Employment		
	Post Accident		
	Non Job Specific (Post Injury/illness)		
01.07.2018	Periodic (Preventive)		
	Offshore		

Steps

- Under UPCOMING ASSESSMENT, click the "Assessment Type" that you would like to choose.

Note: myHealth automatically proposes employee to undergo relevant assessments that is due within the same year, at one time.

Below are the combination compatibility as illustrated;

- Multiple type of Fitness to Work (Job Specific) + PHS
- Multiple type of MS Chemical (planned)

	Assessment Type	Assessment Name	Due Date
	FTW – Job Specific	Offshore	01.04.2020
	MS - Chemical	Xylene	03.05.2020
	FTW – Job Specific	Crane Operator	04.06.2020
	MS – Chemical	Mercury (Pre)	30.07.2020
	MS – Audiometry	Noise	31.08.2020
	PHS	Periodic (Preventive)	31.12.2020

2.3.2



Complete Questionnaire

Complete Questionnaire (1/4)

Snapshot

Steps

1. Click on "Questionnaire".

myHealth
Health in your hands

A -VE
Blood Group

20.42
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low risk
Risk Of
Heart Attack

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> Medical Surveillance	Noise	17.11.2020	CASSIDY AK RABONG	
<input checked="" type="checkbox"/> Fitness To Work	Confined Space Worker	31.07.2020	CHANTY ELSYE JUPILI	
<input checked="" type="checkbox"/> Fitness To Work	Remote Location	31.08.2020	CHANTY ELSYE JUPILI	
<input checked="" type="checkbox"/> Fitness To Work	Driver	04.05.2020	DR SAMSURI BIN ISMAIL	
<input checked="" type="checkbox"/> Fitness To Work	Periodic (Preventive)	31.12.2020	DR SAMSURI BIN ISMAIL	

1 **Questionnaire**

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks

Complete Questionnaire (2/4)

2

Snapshot

Steps

a

MEDEX 001 HEALTH DECLARATION AND CONSENT FORM

TO BE COMPLETED BY CANDIDATE / EMPLOYEE

Full Name : _____ No. I/C _____
 Contact No. (mobile) : _____ Passport No. _____
 Home / Company Address : _____ Staff ID No. _____
 Offered / Current Job Title : _____ Date of Birth 20.07.1967
 Head Section (O&M) Sex : Male Female
 Work Environment: Office Plan and/or Field Offshore Remote Location

DO YOU HAVE OR HAVE YOU HAD: Please Tick where appropriate

Sinus Problem: <input type="radio"/> Yes <input type="radio"/> No	Gastritis / Ulcer: <input type="radio"/> Yes <input type="radio"/> No	Mental problem e.g. depression: <input type="radio"/> Yes <input type="radio"/> No
Allergic rhinitis / other allergy: <input type="radio"/> Yes <input type="radio"/> No	Recurrent indigestion: <input type="radio"/> Yes <input type="radio"/> No	Drug and Alcohol problem: <input type="radio"/> Yes <input type="radio"/> No
Any Skin Problem: <input type="radio"/> Yes <input type="radio"/> No	Jaundice / Hepatitis / Liver Problem: <input type="radio"/> Yes <input type="radio"/> No	Have you ever been:
Any Ear discharge: <input type="radio"/> Yes <input type="radio"/> No	Gall Bladder Disease: <input type="radio"/> Yes <input type="radio"/> No	Exposed to health hazards such as noise, dust, chemicals, heavy metal, radiation etc?: <input type="radio"/> Yes <input type="radio"/> No
Neck / gland swelling: <input type="radio"/> Yes <input type="radio"/> No	Marked change in bowel: <input type="radio"/> Yes <input type="radio"/> No	Suffered from work related illness before such as asthma, skin condition, hearing loss, backache, blood disease etc?: <input type="radio"/> Yes <input type="radio"/> No
Dental Problem: <input type="radio"/> Yes <input type="radio"/> No	Kidney stone / disease: <input type="radio"/> Yes <input type="radio"/> No	Have you had any previous abnormal
Severe headache / Migraine: <input type="radio"/> Yes <input type="radio"/> No	Blood in urine: <input type="radio"/> Yes <input type="radio"/> No	audiometry / lung function test / Chest X-ray?: <input type="radio"/> Yes <input type="radio"/> No
Frequent dizziness / fainting episode: <input type="radio"/> Yes <input type="radio"/> No	Piles / Hernia: <input type="radio"/> Yes <input type="radio"/> No	HAVE YOU HAD OTHER ILLNESS(S): <input type="radio"/> Yes <input type="radio"/> No
Stroke: <input type="radio"/> Yes <input type="radio"/> No	Blood in stools (motions): <input type="radio"/> Yes <input type="radio"/> No	Any gynaecological problem?: <input type="radio"/> Yes <input type="radio"/> No
Epilepsy: <input type="radio"/> Yes <input type="radio"/> No	Varicose Veins: <input type="radio"/> Yes <input type="radio"/> No	Are you pregnant?: <input type="radio"/> Yes <input type="radio"/> No
Lump in breast / arm pit: <input type="radio"/> Yes <input type="radio"/> No	Serious joints / spinal problem: <input type="radio"/> Yes <input type="radio"/> No	
Frequent lung infection: <input type="radio"/> Yes <input type="radio"/> No	Gout: <input type="radio"/> Yes <input type="radio"/> No	
Shortness of breath: <input type="radio"/> Yes <input type="radio"/> No	Diabetes: <input type="radio"/> Yes <input type="radio"/> No	
Coughed / Vomited blood: <input type="radio"/> Yes <input type="radio"/> No	Cancer: <input type="radio"/> Yes <input type="radio"/> No	
Bronchial Asthma / Bronchitis: <input type="radio"/> Yes <input type="radio"/> No	Surgical operation: <input type="radio"/> Yes <input type="radio"/> No	
Tuberculosis: <input type="radio"/> Yes <input type="radio"/> No	Accident / Injury: <input type="radio"/> Yes <input type="radio"/> No	
Serious chest pain: <input type="radio"/> Yes <input type="radio"/> No	Fear of heights: <input type="radio"/> Yes <input type="radio"/> No	
Abnormal heart beat: <input type="radio"/> Yes <input type="radio"/> No	Fear in enclosed / confined space?: <input type="radio"/> Yes <input type="radio"/> No	
Heart disease: <input type="radio"/> Yes <input type="radio"/> No	Are you currently taking any medication?: <input type="radio"/> Yes <input type="radio"/> No	
High blood pressure: <input type="radio"/> Yes <input type="radio"/> No		
Any blood disease: <input type="radio"/> Yes <input type="radio"/> No		
Severe abdominal pain: <input type="radio"/> Yes <input type="radio"/> No		

Do you smoke / vape: Yes No
 Do you take alcohol regularly?: Yes No If yes, amount per week?: _____

Have any of your family members suffered from the following?

Diabetes: Tuberculosis: Stroke: Cancer: Eczema:
 High blood pressure: Heart Attack: Blood disease: Bronchial Asthma: Epilepsy:

Declaration & Consent Statement

I, the undersigned, declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge. I understand that false declaration of any information required above may result in disciplinary action and/or legal proceedings being taken against me. For Fitness To Work health assessment including pre-employment, I hereby give consent to the examining Medical Examiner to disclose the information given in this MEDEX Forms and the result of my health assessment to the Company Health Advisors and/or authorized PETRONAS Personnel for the purposes of management of all matters related to PETRONAS employment processes. For Preventive Health assessment (screening), I understand that medical data will be analysed anonymously for the purpose of the PETRONAS health and wellness program implementation. My personal identity will not be revealed at any point of analysis nor will it be used for Fitness To Work or employment processes. I understand that PETRONAS shall endeavour to implement the appropriate security safeguards and administrative procedures in accordance with the applicable local laws and regulations to prevent unauthorized or unlawful processing, usage and accidental loss or destruction of or damage to, my Personal Data. I have read, understood and accept the contents of this Consent Statement given herein and I hereby give my consent for PETRONAS to manage my Personal Data in the PETRONAS Occupational Health Database System.

Consent given for PHS?: Yes No

State: _____
 * Preferred AME: _____

Submit

2. Fill up the questionnaire.
 There are 3 different sets of questionnaires;

- a. **MEDEX 001 Questionnaire**
 For PHS, FTW Job specific, FTW-For Cause and FTW-Return to Work assessments

Note: Once you have select your preferred AME and submit the questionnaire, you have to make appointment with the clinic if required.

(This snap shot Questionnaire is the same as existing MEDEX 001 Questionnaire – only different is the layout)

Complete Questionnaire (3/4)


2

Snapshot

Steps

b

QUESTIONNAIRE FORM FOR AUDIOMETRIC TESTING



TO BE COMPLETED BY CANDIDATE / EMPLOYEE

Full Name: <small>(As in the I/C or Passport)</small>	Staff / IC / Passport No:	Contact No: (mobile)
Company:	Birth Date (dd/mm/yy)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Section:		

Caution: Do not proceed with audiometric testing if the worker has conditions that may affect the test results (e.g. cold, giddiness, tinnitus etc.)

Please tick <input type="checkbox"/> whichever relevant.	Yes	No	IF YES, please detail:
1. Were you exposed to loud noise within 14 hours prior to today's test? <small>Caution: If "YES", please abort and reschedule testing with an advice to avoid loud noise 14 hours prior to test.</small>			
2. Have you suffered any illness that has affected your hearing (e.g. ear infection, tinnitus, ear discharge etc.)?			
3. Have you ever had an ear operation or any other major operation that affected your hearing?			
4. Have you ever taken any medication (tablets or injections) that affected your hearing?			
5. Any family history of hearing loss / disorders?			
6. Have you ever exposed to loud noise (e.g. chainsaw, firecrackers, explosion, gunfire, motorcycles)?			What kind: and how often:
7. Do you attend night clubs / pubs / discotheques or pop / rock concerts?	Never	Once a year	More than once a year
8. Do you use a personal stereo (e.g. walkman / iPod)?	Never	Less than 2 hrs per week	More than 2 hrs per week
9. Do you play loud musical instruments?			
10. Have you worked in noisy jobs in the past? (Jobs where you had communication difficulty due to noise)?			
11. Were you wearing personal hearing protector (PHP) at that time (referring to Q10)?			IF YES, type of PHP:
12. Have you had an audiometric test before?			IF YES, when: and where:

Note: an answer of "YES" for Q2 - Q6, "MORE THAN ONCE A YEAR" for Q7, "MORE THAN 2 HOURS PER WEEK" for Q8, "ROCK BANDS / SYMPHONY ORCHESTRA" for Q9 and its significance may indicate on how the test results will be interpreted. Question 10, 11 and 12 are meant to reflect a suspicion of a pre-existing hearing disorder and the worker's knowledge about audiometric testing.

Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	If Abnormal, please detail:
---------------------------------	-----------------------------------	-----------------------------

Caution: The audiometric testing shall be aborted and rescheduled if any significant abnormality detected in the visual examination of the ear (e.g. active ear discharge / excessive cerumen / wax impaction etc). A referral to a doctor for further intervention may be necessary before repeating the test.

Note: Please explain clearly the audiometric testing procedure to the worker. This form is to be compiled with the audiometric report for review by the OHD.

Candidate / employee	Audiometric Technician
Name: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>

2. Fill up the questionnaire.
There are 3 different sets of questionnaires;

b. Audiometric Questionnaire For MS Noise assessment

! **Note:** Once you have select your preferred AME and submit the questionnaire, you have to make appointment with the clinic if required

(This is a different set of questionnaire for MS-Noise. To comply with new noise regulation 2019, we must use this new set of questionnaire for MS-Noise)

Complete Questionnaire (4/4)

2

Snapshot

C

Medical Surveillance

General Information

Name of worker: _____ Address 1: _____
 IC No.: _____ Age: 052 _____
 Passport No.: _____ Postcode: _____
 SDCSO No.: _____ District: _____
 Work Environment: Office Plant and/or Field Offshore Remote Location
 State: _____
 Home Tel No.: _____

Gender sex: Male Female
 Marital Status: Single Married
 No. years of married: _____ No. of child: _____
 Workman's Compensation No.: _____ Ethnic: Malay Chinese Indian Others if others Specify: _____
 Work Permit No.: _____ Nationality: Malaysian Non-Malaysian Nationality: _____

Next of kin to be contacted in case of emergency

Name: _____ Name of Employer: _____
 Relationship: _____ Employer Address: _____
 Address: _____
 Tel No.: _____ Tel No.: _____
 Fax / E-mail: _____

Next to kin to be contacted in case of emergency:

Position: _____
 Tel No.: _____
 Fax / E-mail: _____

Please answer the following questions

Do you have any history or suffering from the following conditions?

Smoker No. of years smoked: _____
 Non Smoker History No. of cigar: _____
 Stopped smoking

Medical Condition

Eye problem (including difficulty to see at night):	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Fits or convulsion of any kind:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Serious head injury:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Giddiness / severe headache / migraine:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Fainting attacks:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Major brain surgery:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Stroke with residual disability:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Diabetes mellitus on insulin:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Mental illness (stress):	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Alcohol abuse in the last five years:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Drug abuse in the last five years:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Deformity or disability of the limbs / spine:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Heart disease / Hypertension / Palpitation:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Breathlessness / Hemoptysis / Chronic cough:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Hearing problem:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Chronic Kidney disease:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Are you on any regular medication at present?:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):
Do you have any other injury or illness not mentioned above?:	<input type="radio"/> Yes	<input type="radio"/> No	If Yes (specify):

This is to certify that the above statement are true. I give consent to the OHD for Medical Examination to communicate with the management regarding my work capability after discussion with me.

Witnesses by Doctor: _____ Signature: _____
 (Name of Doctor) Date: _____

State: _____
 * Preferred AME: _____

Submit

Steps

2. Fill up the questionnaire.
 There are 3 different sets of questionnaires;

c. DOSH Medical Surveillance Questionnaire
 For Medical Surveillance Chemical assessment

Note: Once you have select your preferred AME and submit the questionnaire, you have to make appointment with the clinic if required

(This snap shot Questionnaire is the same as existing DOSH MS Chemical questionnaire – only different is the layout)

2.3.3



Select AME & Clinic

Select AME & Clinic (1/4)

Snapshot

Steps

This is to certify that I am a true. I give consent to the OHD for Medical Examination to commu

Witnesses by Doctor

(Name of Doctor)

State: Kuala Lumpur

* Preferred AME:

Witnesses by Doctor

(Name of Doctor)

State:

* Preferred AME:

DR ROSLI BIN RAHIM [HOSPITAL PUSRAWI]

DR LUA ENG BENG [TWIN TOWERS MEDICAL CENTRE]

DATUK DR DALBIR SINGH SAGOO [TWIN TOWERS MEDICAL CENTRE]

DR S GOPI NATH A/L A SIVASUBRAMANIAM [TWIN TOWERS MEDICAL CENTRE]

DR NAZREEN CHEONG BIN ABDULLAH [PRINCE COURT MEDICAL CENTRE]

DR NAZREEN CHEONG BIN ABDULLAH [PRINCE COURT MEDICAL CENTRE]

DR HAZLEE BIN ABDUL HADI [PRINCE COURT MEDICAL CENTRE]

DR NOORASHIKIN BINTI AB RAHIM [PRINCE COURT MEDICAL CENTRE]

DR AHMAD WAFI B. HASBULLAH [KLINIK WAFI DAN RAKAN RAKAN]

1. Select the “State” that you wish to perform your health assessment
2. Select the “Preferred AME” to perform your health assessment.

Select AME & Clinic (2/4)

Snapshot

Steps

3. Click "Submit" button.

Form interface showing a table with columns: Status Occupational, Job Title, Job Duration, Noisy Workplace, Usage of Hearing Pro. Below the table is a 'Remarks' field. At the bottom, there are dropdown menus for 'State' and '* Preferred AME', and a 'Submit' button. A yellow circle with the number '3' and a red box around the 'Submit' button indicate the step to be followed.

Select AME & Clinic (3/4)

Snapshot

Steps

myHealth
Health in your hands

A -VE
Blood Group

18.21
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low risk
Risk Of
Heart Attack

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> Fitness To Work	Offshore	31.05.2020		
<input type="checkbox"/> Fitness To Work	Periodic (Preventive)	31.12.2020		
<input checked="" type="checkbox"/> Medical Surveillance	Noise	31.08.2020	DR NURUL AZHAR BINTI MOHAMED YUSOF	Print

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment	Print	


4. Once questionnaire has been submitted, you will be directed back to the main page. Assessment(s) that is ready to generate LoU will be shown in **green colour**. Below are the result upon completion.

- The selected "Preferred AME" will be updated on each line of assessment.
- The line of assessment is no longer editable
- "Print" icon will appear in the 'Print LoU' column. You may click on any of the "Print" button. **myHealth** will produce the LoU based on the assessment category as per the completed transactions.

Note: Before selecting your preferred AME location, make sure to contact the clinic to make appointment if required

Select AME & Clinic (4/4)

Snapshot

5  Health in your hands

A -VE
Blood Group

18.21
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low risk
Risk Of
Heart Attack

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
 2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

<input type="checkbox"/>	Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/>	Fitness To Work	Offshore	31.05.2020		
<input type="checkbox"/>	Fitness To Work	Periodic (Preventive)	31.12.2020		
<input checked="" type="checkbox"/>	Medical Surveillance	Noise	31.08.2020	DR NURUL AZHAR BINTI MOHAMED YUSOF	<input type="button" value="Print"/>

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

<input type="checkbox"/>	Date	Protocol	Print Certificate	AME Remarks
<input checked="" type="checkbox"/>	02.02.2018	Pre-Employment	<input type="button" value="Print"/>	
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Steps

5. Once questionnaire has been submitted, you will be directed back to the main page. Assessment(s) that is ready to generate LoU will be shown in **green colour**. Below are the result upon completion.
- d. Once you print the LOU, that date will be stored in the system as date of issuance of the LOU and it is valid for 30 days from date of printing.
 - e. Within that 30days, you can reprint the LoU (e.g .misplaced the printed one) but the validity date remains the same within that 30 days period.
 - f. If after 30-day, assessment has not been done yet, employee needs to reprint the LoU from **myHealth** for a new validity date.
 - g. If you require to change AME after completion, contact myHealth Support /your OH focal for assistance (here use myHealth support)

2.3.4



Generate LoU

Generate LoU (1/2)

Snapshot

Steps

myHealth
Health in your hands

A -VE
Blood Group

18.21
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low risk
Risk Of
Heart Attack

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

	Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/>	Fitness To Work	Offshore	31.05.2020		
<input type="checkbox"/>	Fitness To Work	Periodic (Preventive)	31.12.2020		
1 <input checked="" type="checkbox"/>	Medical Surveillance	Noise	31.08.2020	DR NURUL AZHAR BINTI MOHAMED YUSOF	Print

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment	Print	

1. Select your preferred “Assessment Type” and click “Print”. The first print action will store the date of issuance the system and the validity of 30 days starts from this date.

Note: Within that 30days, you can reprint the LoU (e.g .misplaced the printed one) but the validity date remains the same within that 30 days period.


If after 30-day, assessment has not been done yet, employee needs to reprint the LoU from **myHealth** for a new validity date.

Generate LoU (2/2)

Snapshot

Steps

PETROLIAM NASIONAL BERHAD
LEVEL 61, TOWER 1, PETRONAS TWIN TOWERS,
KUALA LUMPUR CITY CENTRE, 50088 KUALA LUMPUR, MALAYSIA.
TEL: 03-2331 5000. CABLE: PETRONAS. TELEX: PETRON MA 31123. TELEFAX: 03-2331 4060.


PETRONAS

Date: 26/03/2020

SP 1209
JALAN SERI PELANGI 1
TAMAN SERI PELANGI
SUNGGAI PETAI
78600 ALOR GAJAH
Dear Sir/Madam,

LETTER OF UNDERTAKING (LoU) FOR HEALTH ASSESSMENT

Please be informed that as part of PETRONAS' job requirements, the below named candidate is required to undergo a health assessment. Therefore, kindly perform the required health assessment to the below named candidate/ employee:

NAME	<input type="text"/>	HR FOCAL EMAIL	<input type="text" value="N/A"/>
HEALTH ADVISOR	<input type="text"/>	HSE FOCAL EMAIL	<input type="text"/>
IC NUMBER	<input type="text"/>	PASSPORT NUMBER	<input type="text" value="00113365"/>
POSITION TITLE	Head Section (O&M)		
WORK ENVIRONMENT	<input type="checkbox"/> Office	<input type="checkbox"/> Plant and/or Field	<input type="checkbox"/> Offshore <input type="checkbox"/> Remote Location
VACCINATION	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STAFF TYPE	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Contract		

ASSESSMENT TYPE


Pre-Employment
 Periodic (Preventive)
 Exit
 Pre-placement
 For Cause
 Return to Work
 Medical Surveillance

<input checked="" type="checkbox"/> Noise	<input type="checkbox"/> Benzene	<input type="checkbox"/> Mercury(Pre)	<input type="checkbox"/> Mercury(Post)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Offshore	<input type="checkbox"/> Breathing Apparatus User	<input type="checkbox"/> Food Handler	<input type="checkbox"/> Remote Location
<input type="checkbox"/> Confined Space Worker	<input type="checkbox"/> Crane and/or Fork Lift Operator	<input type="checkbox"/> Radiation Worker	<input type="checkbox"/> Health Care Worker
<input type="checkbox"/> Fire Fighter and Emergency Response Personnel	<input type="checkbox"/> Driver	<input type="checkbox"/> Work Requires Color Perception	
<input type="checkbox"/> Auxiliary Police	<input type="checkbox"/> Working at Heights		

Remarks
Staff is required to attend retest for Audiometric Test as a follow-up of STS occurrence. If the re-test shows permanent STS (P-STS), AME has to conclude the re-tested audiogram with ENT/audiologist remarks (if required) and conclude work relatedness of the case.
This LoU is valid for 90 days for MS Noise (audiometry) T-STs repeat assessment. Other assessment(s) if any is valid for 30 days.

Please scan and submit MEDEX 001, MEDEX 002, MEDEX 003 forms and/or e-MS forms upon completion of the health assessment via PETRONAS e-Health system.

PETROLIAM NASIONAL BERHAD
LEVEL 61, TOWER 1, P2PETRONAS TWIN TOWERS,
KUALA LUMPUR CITY CENTRE, 50088 KUALA LUMPUR, MALAYSIA.
TEL: 03-2331 5000. CABLE: PETRONAS. TELEX: PETRON MA 31123. TELEFAX: 03-2331 4060.


PETRONAS

All completed claim forms (yellow form) should be submitted to AIA Health Services for payment **within 30 calendar days from the examination date**. AIA Health Services will not reimburse claims receive **after 30 calendar days from the date of visit**. Kindly forward the bill for health assessment as per type of staff indicated in the check-box above to:


CLAIMS (GP) DEPARTMENT
AIA HEALTH SERVICES
LEVEL 25 MENARA AIA
99 JALAN AMPANG
50450 KUALA LUMPUR

Thank you,
On behalf of PETROLIAM NASIONAL BERHAD (PETRONAS)

This is a system-generated letter. No signature is required

myHealth LoU populates automatically;

- ✓ Date of Issuance
- ✓ AME & Clinic address
- ✓ Health Advisor
- ✓ HR/HSE Focal email address (for special condition)
- ✓ Position Title
- ✓ Working environment (from the answers given in the questionnaire by employee)
- ✓ employee Type (defaulted based on employee's employment)
- ✓ Selected assessment(s)
- ✓ Remarks (for special condition)
- ✓ Billing address

 **Note:** this is system generated LOU, no signature is required

2.4



Self-Upload COVID-19 Vaccine Certificate

2.4.1



Upload Vaccination Dose 1 Completion Info

Upload Vaccination Dose 1 Completion Info (1/4)

Snapshot

Steps

myHealth
Health in your hands

A -VE
Blood Group

18.21
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low
Risk Of
Heart Attack

DUE for Dose 1 :
COVID-19 VACCINATION

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> FTW – Job Specific	Offshore	31.05.2020		
<input type="checkbox"/> PHS	Periodic (Preventive)	31.12.2021		

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment	Print	

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

The uploaded information will be archived in PETRONAS Occupational Health Database System for PETRONAS Tracking purposes.

1 Click **Upload Info** to upload your COVID-19 vaccination information and/or upload vaccination certificate (screenshot).

History of COVID-19 Vaccine

Type of Dose	Date of Receiving	Vaccine Brand	Health Facility	Immunisation Program Type	Batch Number

1. Click “Upload Info” button in Self-Upload COVID-19 Vaccine Certificate section to upload your COVID-19 vaccination information and/or vaccination certificate (screenshot from MySejahtera app).

! **Note:** By default, COVID-19 vaccination indicator will be displayed as “Due for Dose 1”. If employee has uploaded 1st dose of vaccination information, the indicator will be updated accordingly.

Upload Vaccination Dose 1 Completion Info (2/4)

Snapshot

Steps

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

2

* Date of Receiving: 28.02.2021

* Immunisation Program Type: NATIONAL

Type Of Group:

Vaccine Type: COVID-19

* Vaccine Name: PFIZER (COMIRNATY)

Type of Dose: Dose-1

Health Facility: KLINIK KESIHATAN CHERAS

* Batch Number: EP2163

Appointment Date for Dose 2: 21.03.2021

Appointment Venue for Dose 1: DEWAN A, KLINIK KESIHATAN CHERAS Appointment Time for Dose 1: 09:00 (Time in 24 Hours format)

Appointment Venue for Dose 2: DEWAN C, KLINIK KESIHATAN CHERAS Appointment Time for Dose 2: 10:00 (Time in 24 Hours format)

3

* COVID-19 Certification File: Choose File Dose 1 Screenshot.jpg

Filename:

Size(MB): 0.000

4

I declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge

By completing the information and/or submitting the certificate, pursuant to the term set forth in the [Privacy Statement](#)

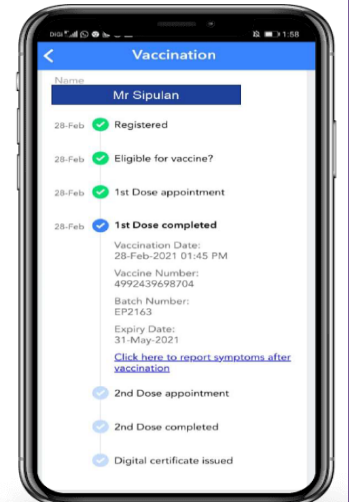
I hereby give my consent to the authorised PETRONAS to manage the data for management of PETRONAS immunisation program and archive the information in PETRONAS Occupational Health Database System.

5

Submit Back

2. Fill up COVID-19 vaccine information that you have received for Dose 1 and information for the next appointment date for Dose 2, appointment venue for Dose 2 and appointment time for Dose 2.
3. Attach COVID-19 vaccination Dose 1 **Completion Page** (screenshot from MySejahtera app).
4. Tick on the check box once you have read the declaration and privacy statement.
5. Click "Submit" button.

Note: Sample of COVID-19 vaccination Dose 1 **Completion Page** (screenshot from MySejahtera app).



Upload Vaccination Dose 1 Completion Info (3/4)

Snapshot

The screenshot displays three overlapping windows from a web application:

- Information to Confirm...:** A dialog box with a yellow warning icon and the text "Are you sure?". It has "Yes" and "No" buttons. The "Yes" button is highlighted with a red box and a yellow circle containing the number 6.
- Information:** A dialog box with a blue information icon and the text "Successfully uploaded...". It has a "Close" button highlighted with a red box and a yellow circle containing the number 7.
- SELF-UPLOAD COVID-19 VACCINE CERTIFICATE:** A form with various fields:
 - Date of Receiving: 28.02.2021
 - Immunisation Program Type: NATIONAL
 - Vaccine Type: COVID-19
 - Vaccine Name: PFIZER (COMIRNATY)
 - Type of Dose: Dose-1
 - Health Facility: KLINIK KESIHATAN CHERAS
 - Batch Number: EP2163
 - Appointment Date for Dose 2: 21.03.2021
 - Appointment Venue for Dose 1: DEWAN A, KLINIK KESIHATAN CHERAS
 - Appointment Time for Dose 1: 09.00
 - Appointment Venue for Dose 2: DEWAN C, KLINIK KESIHATAN CHERAS
 - Appointment Time for Dose 2: 10.00
 - COVID-19 Certification File: C:\fakepath\Dose 1 Screenshot.jpg

At the bottom of the form, there is a checkbox with the text: "I declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge. By completing the information and/or submitting the certificate, pursuant to the term set forth in the Privacy Statement I hereby give my consent to the authorised PETRONAS to manage the data for management of PETRONAS immunisation program and archive the information in PETRONAS Occupational Health Database System." Below this text are "Submit" and "Back" buttons. The "Back" button is highlighted with a red box and a yellow circle containing the number 8.

Steps

6. Click "Yes" button to proceed.
7. Click "Close" button.
8. Click "Back" to return to myHealth landing page.

Upload Vaccination Dose 1 Completion Info (4/4)

Snapshot

myHealth
Health in your hands

A -VE Blood Group **18.21** BMI (Body Mass Index) **Normal** Cholesterol Level **Low** Risk Of Heart Attack **Due for Dose 2 : 21.03.2021** COVID-19 VACCINATION

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> FTW – Job Specific	Offshore	31.05.2020		
<input type="checkbox"/> PHS	Periodic (Preventive)	31.12.2021		

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment	Print	

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

The uploaded information will be archived in PETRONAS Occupational Health Database System for Tracking purposes.

Click [Upload Info](#) to upload your COVID-19 vaccination information and/or upload vaccination certificate (screenshot).

History of COVID-19 Vaccine

Type of Dose	Date of Receiving	Vaccine Brand	Health Facility	Immunisation Program Type	Batch Number
Dose-1	28.02.2021	PFIZER (COMIRNATY)	KLINIK KESIHATAN CHERAS	NATIONAL	EP2163

Steps



Note:

1. Due Date for Dose 2 will be reflected accordingly at the header section.
2. The uploaded vaccine information for Dose 1 will be reflected in the “History of COVID-19 vaccine” list.


2.4.2



Notification & Reminder

Notification & Reminder

Snapshot **Steps**


 **Your Vaccination Appointment(s) is/are Due**

Dear [Redacted Name],

Reminder notice: you are due for your 2nd dose vaccination appointment.

Vaccine Type	Type of Dose	Appointment Date	Appointment Time	Health Facility	Vaccination Venue
COVID-19	Dose-2	01.05.2021	09:00:00 AM	KPJ DAMANSARA SPECIALIST HOSPITAL	HALL 2, KLCC CONVEX

Regards,
myHealth

 **Your Vaccination Appointment(s) is/are Overdue**

Dear [Redacted Name],

Reminder notice: you are overdue for your 2nd dose vaccination appointment.

Vaccine Type	Type of Dose	Appointment Date	Appointment Time	Health Facility	Vaccination Venue
COVID-19	Dose-2	19.04.2021	09:00:00 AM	KPJ DAMANSARA SPECIALIST HOSPITAL	HALL 2, KLCC CONVEX


If you yet to undergo the vaccination, kindly contact _____ (TBA) for the new arrangement of your vaccination app
You are required to update the new appointment date in myHealth.

If you have already completed your vaccination, kindly update your vaccination information and upload vaccination certificate (screenshot) to myHealth.

Regards,
myHealth

 **Note:** System will trigger email notification to the employee, 2 weeks and 1 week prior to the next vaccine appointment date.

1. Sample of Vaccine Schedule Notification for Dose 2 Appointment.

 **Note:** System will trigger weekly email reminder to the employee following an overdue appointment.

2. Sample of Vaccine Schedule Reminder for Dose 2 Appointment.

2.4.3



Upload Vaccination Dose 2 Completion Info & Certificate

Upload Vaccination Dose 2 Completion Info & Certificate (1/4)

Snapshot

myHealth
Health in your hands

A -VE Blood Group **18.21** BMI (Body Mass Index) **Normal** Cholesterol Level **Low** Risk Of Heart Attack **Due for Dose 2 : 21.03.2021** COVID-19 VACCINATION

UPCOMING ASSESSMENT

- You are due for the following health assessment which are planned by your HSE Focal
- You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> FTW – Job Specific	Offshore	31.05.2020		
<input type="checkbox"/> PHS	Periodic (Preventive)	31.12.2021		

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment		

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

The uploaded information will be archived in PETRONAS Occupational Health Database System for Tracking purposes.

Click **Upload Info** to upload your COVID-19 vaccination information and/or upload vaccination certificate (screenshot).

History of COVID-19 Vaccine

Type of Dose	Date of Receiving	Vaccine Brand	Health Facility	Immunisation Program Type	Batch Number
Dose-1	28.02.2021	PFIZER (COMIRNATY)	KLINIK KESIHATAN CHERAS	NATIONAL	EP2163

Steps



Note:

- Due Date for Dose 2 will be reflected accordingly at the header section.
- The uploaded vaccine information for Dose 1 will be reflected in the “History of COVID-19 vaccine” list.

- Click “Upload Info” button in Self-Upload COVID-19 Vaccine Certificate section to upload your COVID-19 vaccination information and/or vaccination certificate (screenshot from MySejahtera app) for Dose 2.

1

Upload Vaccination Dose 2 Completion Info & Certificate (2/4)

Snapshot

Steps

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

2 * Date of Receiving: 21.03.2021

Immunisation Program Type: NATIONAL

Type Of Group:

Vaccine Type: COVID-19

Vaccine Name: PFIZER (COMIRNATY)

Type of Dose: Dose-2

* Batch Number: EP2919

Appointment Venue for Dose 1: DEWAN A, KLINIK KESIHATAN CHERAS Appointment Time for Dose 1: 09:00 (Time in 24 Hours format):

Appointment Venue for Dose 2: DEWAN C, KLINIK KESIHATAN CHERAS Appointment Time for Dose 2: 10:00 (Time in 24 Hours format):

3 * COVID-19 Certification File: COVID-19 ...ertificate.jpg

Filename:

Size(MB): 0.000

4 I declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge

By completing the information and/or submitting the certificate, pursuant to the term set forth in the [Privacy Statement](#)

I hereby give my consent to the authorised PETRONAS to manage the data for management of PETRONAS immunisation program and archive the information in PETRONAS Occupational Health Database System.

5

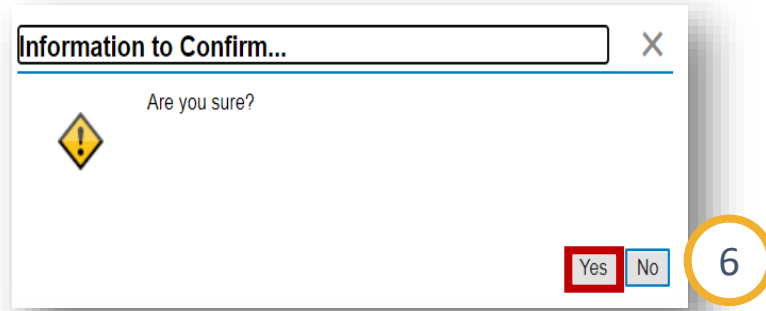
2. Fill-up COVID-19 vaccine information that you have received for Dose 2.
3. Attach COVID-19 vaccination **Digital Certificate** (screenshot from MySejahtera app).
4. Tick on the checkbox once you have read the declaration and privacy statement.
5. Click "Submit" button.

Note: Sample of COVID-19 vaccination **Digital Certificate** (screenshot from MySejahtera app).



Upload Vaccination Dose 2 Completion Info & Certificate (3/4)

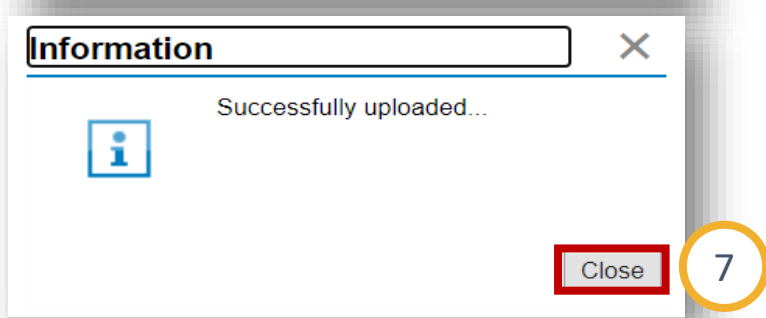
Snapshot



Information to Confirm...

Are you sure?

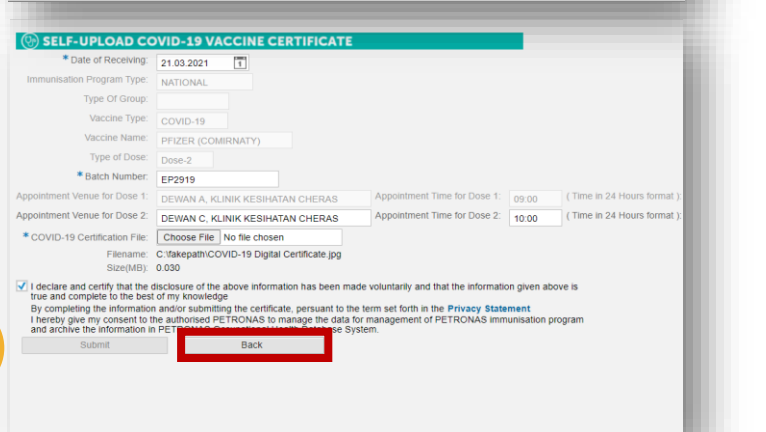
6



Information

Successfully uploaded...

7



SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

* Date of Receiving: 21 03 2021

Immunisation Program Type: NATIONAL

Type Of Group: []

Vaccine Type: COVID-19

Vaccine Name: PFIZER (COMIRNATY)

Type of Dose: Dose-2

* Batch Number: EP2919

Appointment Venue for Dose 1: DEWAN A, KLINIK KESHATAN CHERAS Appointment Time for Dose 1: 09 00 (Time in 24 Hours format)

Appointment Venue for Dose 2: DEWAN C, KLINIK KESHATAN CHERAS Appointment Time for Dose 2: 10 00 (Time in 24 Hours format)

* COVID-19 Certification File: | No file chosen

Filename: C:\takepath\COVID-19 Digital Certificate.jpg

Size(MB): 0.030

I declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge.

By completing the information and/or submitting the certificate, pursuant to the term set forth in the [Privacy Statement](#) I hereby give my consent to the authorised PETRONAS to manage the data for management of PETRONAS immunisation program and archive the information in PETRONAS Immunisation System.

8

Steps

6. Click "Yes" button to proceed.
7. Click "Close" button.
8. Click "Back" to return to myHealth landing page.

Upload Vaccination Dose 2 Completion Info & Certificate (4/4)

Snapshot

myHealth
Health in your hands

A -VE
Blood Group

18.21
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low
Risk Of
Heart Attack

DONE
COVID-19 VACCINATION

UPCOMING ASSESSMENT

1. You are due for the following health assessment which are planned by your HSE Focal
2. You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> FTW – Job Specific	Offshore	31.05.2020		
<input type="checkbox"/> PHS	Periodic (Preventive)	31.12.2021		

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment	Print	

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

The uploaded information will be archived in PETRONAS Occupational Health Database System for Tracking purposes.

Click [Upload Info](#) to upload your COVID-19 vaccination information and/or upload vaccination certificate (screenshot).

History of COVID-19 Vaccine

Type of Dose	Date of Receiving	Vaccine Brand	Health Facility	Immunisation Program Type	Batch Number
Dose-1	28.02.2021	PFIZER (COMIRNATY)	KLINIK KESIHATAN CHERAS	NATIONAL	EP2163
Dose-2	21.03.2021	PFIZER (COMIRNATY)	KLINIK KESIHATAN CHERAS	NATIONAL	EP2919

Steps



Note:

- COVID-19 vaccination indicator will be displayed as “DONE” if you have successfully uploaded vaccination dose 1 and dose 2 completion info and certificate.
- The uploaded vaccine information for Dose 2 will be reflected in the “History of COVID-19 vaccine” list.

2.4.4



Up-to-Date Vaccination Status

Up-to-Date Vaccination Status

Snapshot

Steps

myHealth
Health in your hands

A -VE
Blood Group

18.21
BMI
(Body Mass Index)

Normal
Cholesterol
Level

Low
Risk Of
Heart Attack

DONE
COVID-19 VACCINATION

UPCOMING ASSESSMENT

- You are due for the following health assessment which are planned by your HSE Focal
- You are required to book an appointment with your preferred AME (by contacting them directly) prior to submitting your questionnaire and printing your LoU

Assessment Type	Assessment Name	Due Date	Preferred AME	Print LOU
<input type="checkbox"/> FTW – Job Specific	Offshore	31.05.2020		
<input type="checkbox"/> PHS	Periodic (Preventive)	31.12.2021		

Questionnaire

COMPLETED ASSESSMENT

These are the health assessment that you had completed since December 2017. If required, you can print the assessment's fitness certificate

Date	Protocol	Print Certificate	AME Remarks
02.02.2018	Pre-Employment	Print	

SELF-UPLOAD COVID-19 VACCINE CERTIFICATE

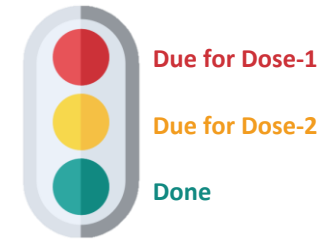
The uploaded information will be archived in PETRONAS Occupational Health Database System for Tracking purposes.

Click [Upload Info](#) to upload your COVID-19 vaccination information and/or upload vaccination certificate (screenshot).

History of COVID-19 Vaccine

Type of Dose	Date of Receiving	Vaccine Brand	Health Facility	Immunisation Program Type	Batch Number
Dose-1	28.02.2021	PFIZER (COMIRNATY)	KLINIK KESIHATAN CHERAS	NATIONAL	EP2163
Dose-2	21.03.2021	PFIZER (COMIRNATY)	KLINIK KESIHATAN CHERAS	NATIONAL	EP2919

! Note: Vaccination status in your personal dashboard will be updated accordingly.



3.1



Support

Business Inquiries

*e.g. Medical, HSE, PTS, LoU requirements

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THANK YOU