

OCCUPATIONAL SAFETY, HEALTH AND ENVIRONMENTAL UNIT OF HOSPITAL TELUK INTAN

New Contractor VETTING Form

Employee Name:	Date hired:	Orientation date:
Job Title:	Unit Name:	
check one: <input type="checkbox"/> New employee <input type="checkbox"/> Transfer <input type="checkbox"/> Contractor <input type="checkbox"/> Part time <input type="checkbox"/> Student		
check one: <input type="checkbox"/> Preplacement Examination <input type="checkbox"/> Montoux Test <input type="checkbox"/> Hep B/C/HIV <input type="checkbox"/> Kospen Plus <input type="checkbox"/> others		

NAME	NRIC	Contact No	Address	Consent for Vetting

Validated by

Occupational Safety and Health Unit