GUIDELINE FOR INTER FACILITIES PATIENT TRANSFER ACROSS MALAYSIA AND THAILAND BORDER (PERAK – YALA)
## CONTENTS

<table>
<thead>
<tr>
<th>BIL</th>
<th>ITEMS</th>
<th>PAGE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Criteria for Patient Transfer</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Arrangement for Patient Transfer</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Knowledge and Skills Required for Patient Transfer</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Transfer Process / Procedure</td>
<td>6</td>
</tr>
<tr>
<td>6.</td>
<td>Decontamination Procedure for Infectious Disease Patient Transfer</td>
<td>6</td>
</tr>
<tr>
<td>7.</td>
<td>Financial Considerations</td>
<td>7</td>
</tr>
<tr>
<td>8.</td>
<td>Issues</td>
<td>7</td>
</tr>
<tr>
<td>9.</td>
<td><strong>ANEXES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annex 1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Annex 2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Annex 3</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Annex 4</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Annex 5</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Annex 6</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Annex 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annex 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annex 9</td>
<td></td>
</tr>
<tr>
<td>ABBREVIATION</td>
<td>DESCRIPTION</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>CPRC</td>
<td>Crisis, Preparedness And Response Centre</td>
<td></td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Office</td>
<td></td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Infectious Disease</td>
<td></td>
</tr>
<tr>
<td>ICQS</td>
<td>Immigration, Customs, Quarantine Security Complex</td>
<td></td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health Malaysia</td>
<td></td>
</tr>
<tr>
<td>PMA</td>
<td><em>Pintu Masuk Antarabangsa</em> (International Entry Point)</td>
<td></td>
</tr>
<tr>
<td>SHD</td>
<td>State Health Department, Perak</td>
<td></td>
</tr>
</tbody>
</table>
A. Introduction

The **Malaysia–Thailand border** consists of both a land boundary across the Malay Peninsula and maritime boundaries in the Straits of Malacca and the Gulf of Thailand/South China Sea. Malaysia lies to the south of the border while Thailand lies to the north. Four Malaysian states bordering Thailand. They are (from west to east) Perlis, Kedah, Perak and Kelantan. The four Thai provinces which bordering Malaysia (again from west to east) are Satun, Songkhla, Yala and Narathiwat. Perak State bordering Yala Province Thailand. There is an international check point at Bukit Berapit, Hulu Perak where the Immigration, Customs, Quarantine Security Complex is situated.

Each year there are about vehicles with ..... people cross the border.

Occurrence of road traffic accident or any injury involving people from both Thailand and Malaysia may occur while travelling abroad. Cross-border activities may also pose certain health risk to visitor such as TB, HIV, Influenza and etc. Being hospitalized in foreign country not only pose a huge financial burden when it comes to hospital bills but also pose difficulty and economic burden to family members to visit and to take care of patient. This raised the need for inter-country / cross border patient transfer.

The transfer of patients from one health facility to another has become a national issue for Emergency Medical Services (EMS). Improper inter-facilities transfer process may lead to undesirable event and poses health risks especially in infectious disease cases. Patient needs shall have to be matched with competent providers, adequate equipment and facilities that provide seamless patient flow and optimal care during transportation.

The objective of this guideline is to serve as a guide for inter-facility patient transfer procedure across Thailand-Malaysia border for all bordering states and provinces. In addition, specific standards may conflict with existing regulations or administrative rules. This guideline shall be reviewed periodically to maintain its relevancy.
B. Criteria for Patient Transfer
1. Inpatient foreigner case who requests to be hospitalized in their country of origin. Cases which have been discharged are not to be transferred via ambulance. Patients / relatives will have to arrange their own transport.
2. The in-charge doctor of the respective discipline / department has agreed to proceed with the transfer request.
3. All unstable cases are kept in the current hospital and to be stabilized before transfer. This may include emerging/highly contagious infectious disease such as Middle East Respiratory Syndrome Coronavirus (MERS CoV), Severe Acute Respiratory Syndrome (SARS), Avian Influenza etc.
4. In cases of emerging infectious diseases, the Infectious Diseases (ID) Physician shall be consulted should there be a strong request to make an emergency transfer.
5. Transfer can only be made upon approval by the receiving hospital.

C. Arrangement for Patient Transfer
1. The doctor in charge from the referring hospital shall communicate with the doctor in charge at the receiving hospital (Annex 1, Annex 2, Annex 3, Annex 4 and Annex 5). The arrangement shall be made at least 24 hours earlier.
2. Adequate information and explanation shall be made to patient and family members of the potential risks that may occur during transfer and transportation process including cardiovascular event, accident and other possible incident.
3. The ward doctor shall prepare the necessary documents with appropriate equipment and personnel. He/she also must communicate with the transport officer to prepare the ambulance.
4. Patient’s hospital bills shall be paid in full prior to transportation including transportation fees.
5. Call Centre shall be informed of the details of transfer.
6. Referring institution shall send all documents (Annex 6) via email/fax to the receiving institution. Receiving State/Province Health Office shall be informed via telephone once agreement on patient transfer is achieved (Annex 3) and followed by an email/fax of a copy of Annex 6.
7. This Document (Annex 6) must state:
   i. Patient’s details
ii. Patient’s diagnosis and clinical status
iii. Equipment required during the transfer
iv. Date and time for transfer
v. Information on accompanying persons

8. Receiving District Health Office shall facilitate and coordinate the patient transfer process with the relevant agencies at the border check point. The agencies include (whichever relevant):
   i. Malaysia-Thailand Border Coordination Office/Thailand-Malaysia Border Coordination Office (MTBCO/TMBCO)
   ii. Immigration Department
   iii. Royal Malaysia Custom Department
   iv. Road Transport Department (RTD)
   v. Malaysia Border Security Agency (AKSEM)
   vi. Royal Malaysian Police
   vii. Malaysia Civil Defence Department

9. In the event of infectious disease cases, disease – specific national guidelines on infection prevention and control shall be strictly adhered to by all parties (refer to the Malaysian guidelines for transferring PUI / confirmed MERS - Cov patients in Annex 5).

D. Knowledge and Skills Required for Patient Transfer
Any health care professional providing care during patient transfer shall demonstrate knowledge and skills related to:
   i. basic transport skills and transfer protocol(s);
   ii. airway management
   iii. IV insertion, monitoring and maintenance; including maintenance of central venous and intraosseous lines;
   iv. all forms of medication administration;
   v. ECG monitoring; and defibrillation, cardio version, and transcutaneous pacing.
   vi. radio and communication technology (GIRN);
   vii. transport equipment;
   viii. documentation and patient records;
   ix. evaluation of level of care needed by patient during transport
E. Transfer Process/ Procedure
1. Once transfer request has been approved by receiving institution, all necessary documents and equipment shall be prepared. The referring institution shall reconfirm the estimated time of departure, estimated time of arrival at the transfer zone. Any delay or incidents that occurs during transportation of patient shall be updated to the receiving institution.
2. Pre-transfer notification to other relevant agencies a few hours prior to the transfer is to ensure a coordinated response between agencies and a smooth process of immigration procedures for the patient and his accompanying relative(s) is established.
3. The designated transfer zone need to be evacuated at least 10 meter radius (in the event of infectious disease case transfer an area of at least 15 meter radius) from public passage.
4. The transfer of patient between ambulances shall take place in the free zone between immigration checkpoints of Malaysia and Thailand. The designated transfer area shall be agreed by both bordering state and province. In any event of rain during transfer process, an alternative area (e.g. covered parking bay) shall be identified.
5. During the transfer, all documents shall be signed by both referring and receiving institutions’ representatives (Annex 7 and Annex 8). A duplicate documents shall be kept by both teams.
6. Status and progress of the patient during the journey shall also be informed to the receiving team.

F. Decontamination Procedure of Ambulance in an Infectious Disease Case Transfer.
1. Decontamination procedure of the ambulance shall be carried out by the drivers of the respective ambulances under the supervision of the accompanying paramedics. Decontamination of ambulance of the sending hospital shall be done at the designated transfer zone while the ambulance which received the patient must perform the process at the receiving hospital.
2. Decontamination of the identified transfer zone shall be carried out by assigned personnel agreed by both bordering state and province.
3. World Health Organization standards of cleaning and disinfection procedures of must be diligently followed.

G. Financial Considerations

Inter-facility transfer will incur cost. A comprehensive assessment of costs is needed to estimate the budget to be reserved for this purpose.

The assessment should include transportation cost (RM 1.40/km), emolument of staff involved, maintenance cost etc.

H. Issues

1. The health authority of foreign countries must notify to the Malaysian health authority of all notifiable diseases as listed in PCID Act (Act 342) and diseases of international concern (PHEIC) if such cases are decided to come back / transfer to Malaysia. Similarly, Malaysian health authority will inform the foreign health authority of such cases going back to their countries.

2. In case of death during transfer process, the present transporting ambulance shall bring the patient to nearest health clinic / hospital in the present state/province for death declaration and documentation. Death certificate and Burial Permit Certificate shall be produced by the state/province where the patient died. Foreign Institution Call Centre should be informed on the event of death. Cross border dead body transportation should be dealt together according to both countries’ laws.

3. Transfer of detainee case shall be dealt with according to the rules and regulations in the present country.

4. In the case of an accident involving the ambulance, the nearest local emergency medical service of the present transporting ambulance shall respond.

5. In the case of patient being unable to pay their hospital bills, the embassy of their country of origin shall be referred to.
FLOW CHART 1: TRANSFER OF AN EMERGING INFECTIOUS DISEASE*CASE FROM YALA TO PERAK

**Referring Hospital (Thailand)

Call by phone to receiving Hospital ID
Physician/Physician in charge

Decision to transfer patient made

Email / Fax referral document (the document include: (ref. Annex 6):
- Patient’s detail
- Patient’s diagnosis & clinical status
- Equipment required
- Date & time transfer
- Information on accompanying person

Inform Relevant Agencies:
- MTBCO / TMBCO
- ID (Immigration)
- RMCD (Custom)
- RTD (Road Transport Department)
- AKSEM
- RMPD (Police)
-Civil Defence

Inform DHO upon completion of the transfer

Inform CPRC SHD

Instruct health personnel at the ICQS to inform the relevant agencies at the border

Inform DHO Hulu Perak

Prepare staff / Ambulance / Equipment

Reconfirm with referring hospital:
- Time / location arrangement
- Patient / staff’s information
- ETD / ETA

Inform Gerik Hospital

***Receive patient:
- Passing over of case / documentation of transfer

Send to receiving hospital

Feedback to CPRC SHD Perak

Feedback to MoH

END

* e.g. MERS – CoV, Avian influenza, Ebola, etc
**Prepare patient: Referral forms, valid travelling document & hospital bills
***The transfer of patient between ambulances will take place in the free zone
FLOW CHART 2 FOR NON INFECTIOUS DISEASE CASE TRANSFER (YALA TO PERAK)

*Referring Hospital

Decision to transfer patient made

Call by phone: (between referring Hospital to receiving Hospital)

Email/fax referral document and state (Annex 6):
- Patient’s personal details and CDC status
- Equipment required
- Time / location arrangement
- Accompanying staff’s information
- ETD / ETA

Prepare staff / Ambulance / Equipment

**Receive patient:
- Passing over of case
- Sign documents

Receiving Hospital

Confirmation of transfer completion to PKD

Inform JKN

Inform KKM

Inform PKD Hulu Perak

** The transfer of patient between ambulances will take place in the free zone

Inform Relevant Agencies:
- MTBCO / TMBCO
- IMMIGRATION
- CUSTOM
- DOT (JPJ)
- AKSEM
- POLICE
- Civil Defence

Inform JKN

Inform KKM

END
FLOW CHART 3 FOR EMERGING INFECTIOUS DISEASE* CASE TRANSFER (PERAK TO YALA)

Referring Hospital (Perak Health Facility)

**Decision to transfer patient made

Call by phone: (between referring Hospital to receiving Hospital)

Email / Fax referral document and state(Annex 6):
- Patient’s detail
- Patient’s diagnosis & clinical status
- Equipment used
- Date & time transfer
- Information on accompanying person

Reconfirm with referring hospital:
- Time / location arrangement
- Patient / staff’s information
- ETD / ETA

Prepare staff / Ambulance / Equipment and inform MECC

***Transfer patient:
- Passing over of case / documentation of transfer at PMA

Ambulance for decontamination at PMA

Inform JKN

Inform KKM

Inform PKD Hulu Perak

Inform Relevant Agencies:
- MTBCO / TMBCO
- IMMIGRATION
- CUSTOM
- DOT (JPJ)
- AKSEM
- POLICE
- Civil Defence

Inform JKN

Inform KKM

* e.g. MERS – CoV, Avian influenza, Ebola, etc
**Prepare patient: Referral forms, valid travelling document & hospital bills
*** The transfer of patient between ambulances will take place in the free zone
FLOW CHART 4 FOR NON INFECTIOUS DISEASE CASE TRANSFER (PERAK TO YALA)

Referring Hospital
(Perak Health Facility)

*Decision to transfer patient made

Call by phone: (between referring Hospital to receiving Hospital)

Email / Fax referral document and state (Annex 6):
- Patient’s detail
- Patient’s diagnosis & clinical status
- Equipment used
- Date & time transfer
- Information on accompanying person

Reconfirm with referring hospital:
- Time / location arrangement
- Patient / staff’s information
- ETD / ETA

Prepare staff / Ambulance / Equipment

**Transfer patient:
- Passing over of case / documentation of transfer at PMA

Inform JKN
Inform KKM
Inform PKD Hulu Perak
Inform Relevant Agencies:
- MTBCO / TMBCO
- IMMIGRATION
- CUSTOM
- DOT (JPJ)
- AKSEM
- POLICE
- Civil Defence

Inform PMA to coordinate

Send To Receiving Hospital

Confirmation of transfer completion to PKD

Inform JKN
Inform KKM
Inform PKD Hulu Perak

* Prepare patient: Referral forms, valid travelling document & hospital bills
** The transfer of patient between ambulances will take place in the free zone

END

* Annex 4
AMBULANCE TRANSFER FOR PATIENT UNDER INVESTIGATION (PUI) OF MERS CoV PROTOCOL

PREPARATION OF THE AMBULANCE
• It is advisable to remove all non-essential equipment related to care of the intended patient.
• Ambulance must be equipped with spillage kits, disinfectant wipes, sharps bin and clinical waste ready to be used by responders.
• Use of disposable bed sheet is encouraged.

NUMBER OF PATIENTS IN AN AMBULANCE
• It is advisable to only transport one patient in an ambulance.
• Medical Direction from Emergency Physician can be obtained to allow transport of more than one patient with similar provisional diagnosis.
• There should be no mix of patient under investigation (PUI) with confirmed MERS case.

PREPARATION OF STAFF
• All staff accompanying patient at the rear of the ambulance must wear the recommended PPE:
  - Gloves.
  - Surgical Masks with shield or goggles.
  - Disposable apron or gown.
  - If the responder performs aerosol-generating procedures, the N95 mask must be used.

CARE OF THE PATIENT DURING TRANSPORT
1. Respiratory Hygiene
• In absence of respiratory distress, patients can be provided with surgical mask.
• Oxygen supplement using nasal prong can be safely used under a surgical mask.
• Placement surgical mask on other oxygen supplement delivery device require Medical Direction from Emergency Physician.
2. Placement of patient
• Patient should be propped up in sitting position in stretcher unless clinically contraindicated.
3. Intervention in Pre-Hospital
• Do not perform any procedures on the patient unless absolutely necessary.
• Medical Direction must be obtained for transportation of patient requiring more than nasal prong oxygen.

4. Communication with Medical Emergency Call Centre (MECC) and Receiving Facility
• MECC must be informed regarding estimated time of arrival, patients’ clinical condition or any updates in clinical status or transportation.
• It is the responsibility of MECC to inform and update receiving facility regarding estimated time of arrival and patients’ clinical condition.

DECONTAMINATION
• If spillage occurs in the ambulance:
  • Use chlorine granules in the spillage kit to absorb the spill.
  • After 2 minutes or when the granules crystallize, cover the spillage with the absorbent material e.g. tissue or blue sheet.
  • Do not remove the spill while the patient or staff is in the ambulance. The decontamination of the spillage is to be done at the designated hospital.

• Decontamination of the ambulance
  • The ambulance is to be decontaminated at the designated ambulance decontamination area at receiving hospitals.
  • Decontamination agent to be used as per recommendation.

• Decontamination of staff
  Staff from other health facility that accompany patient should undergo decontamination in the designated receiving hospital ED before returning to their respective base.

DISINFECTION OF REUSABLE UTENSILS & DISPOSAL OF WASTE
• All reusable patient care utensils should be put into the appropriate biohazard receptacles and labelled for cleaning and disinfecting later.
• All waste disposals from the affected patient should follow guidelines of Clinical Waste Management.
THAI – MALAYSIA TRANS BORDER PATIENT REFERRALS
(YALA – PERAK)

(Thailand Health Facility)  (Malaysia Health Facility)

(Official Facility Stamp)  (Official Facility Stamp)

Note: Patient’s Diagnosis must be clearly written in this form

<table>
<thead>
<tr>
<th>INFECTIOUS DISEASE</th>
<th>NON INFECTIOUS DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFFERING HEALTH FACILITY</td>
<td>PHONE NO. :</td>
</tr>
<tr>
<td>RECEIVING HEALTH FACILITY</td>
<td>PHONE NO. :</td>
</tr>
</tbody>
</table>

PATIENT NAME :  AGE :  GENDER :
PASSPORT NO :  (YRS)  M  F

ADDRESS :

CONTACT PERSON’S NAME :  H/P NO :

REASON FOR TRANSFER:

VITAL SIGN :  BLOOD PRESSURE  HEART RATE  SPO2  BODY TEMPERATURE

PATIENT’S HISTORY :
<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>INVESTIGATIONS RESULT:</td>
<td></td>
</tr>
<tr>
<td>LAB:</td>
<td>X-RAY:</td>
</tr>
<tr>
<td>DRUGS MEDICATION HISTORY:</td>
<td></td>
</tr>
<tr>
<td>FITNESS TO TRANSFER:</td>
<td></td>
</tr>
<tr>
<td>EQUIPMENT:</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>OXYGEN</td>
</tr>
<tr>
<td>B</td>
<td>SUCTION</td>
</tr>
<tr>
<td>C</td>
<td>MONITOR / NIBP</td>
</tr>
<tr>
<td>D</td>
<td>BAG VALVE MASK</td>
</tr>
<tr>
<td>E</td>
<td>VENTILATOR</td>
</tr>
<tr>
<td>TRANSFERING PHYSICIAN:</td>
<td></td>
</tr>
</tbody>
</table>

(Official Stamp)
THAI – MALAYSIA TRANS BORDER PATIENT REFERRALS  
( YALA – PERAK )

(Thailand Health Facility)  (Malaysia Health Facility)

(Official Facility Stamp)  (Official Facility Stamp)

REFFERAL CHECKLIST

<table>
<thead>
<tr>
<th>INFECTIOUS DISEASE</th>
<th>NON INFECTIOUS DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT’ NAME :</td>
<td>WARD :</td>
</tr>
<tr>
<td>PASSPORT / IC NO :</td>
<td></td>
</tr>
<tr>
<td>DIAGNOSIS :</td>
<td></td>
</tr>
</tbody>
</table>

TO BE FILLED-IN BY REFFERING FACILITY

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME DEPARTURE</th>
<th>TIME ARRIVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ACCOMPANYING STAFF / TEAM

<table>
<thead>
<tr>
<th>NAME :</th>
<th>DESIGNATION :</th>
<th>SIGNATURE :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME :</td>
<td>DESIGNATION :</td>
<td>SIGNATURE :</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOCUMENT :  YES  NO  NOTES

REFFERAL FORM

INVESTIGATION RESULT

TRAVELLING DOCUMENT

AMBULANCE DETAIL

<table>
<thead>
<tr>
<th>AMBULANCE DETAIL</th>
<th>REGISTRATION NO.</th>
<th>BRAND AMBULANCE</th>
<th>OF</th>
<th>COLOUR OF AMBULANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DRIVERS NAME :  SIGNATURE :

COMUNICATION WITH RECEIVING FACILITY

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CALLER</td>
<td></td>
</tr>
<tr>
<td>CALL RECEIVER</td>
<td></td>
</tr>
</tbody>
</table>

SHOULD THERE BE A PHONE NUMBER DOCUMENTED FOR CALLING?
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME ARRIVING</th>
<th>TIME DEPARTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>REceiving Team</td>
<td>NAME</td>
<td>DESIGNATION</td>
</tr>
<tr>
<td>Receiving Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanying Staffs &amp; Ambulance Driver</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
We hereby received/transferred a patient who requested to be further managed at our/your health facility. The detail of the patient and general condition during transfer are as below:

<table>
<thead>
<tr>
<th>INFECTIOUS DISEASE</th>
<th>NON INFECTIOUS DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td></td>
</tr>
<tr>
<td>TO:</td>
<td></td>
</tr>
<tr>
<td>MODE OF TRANSPORT:</td>
<td></td>
</tr>
<tr>
<td>LOCATION OF TRANSFER:</td>
<td></td>
</tr>
<tr>
<td>PATIENT'S NAME:</td>
<td></td>
</tr>
<tr>
<td>PASSPORT NO.</td>
<td></td>
</tr>
<tr>
<td>LEVEL OF CONSCIOUSNESS &amp; DIAGNOSIS</td>
<td>LEVEL OF CONSCIOUSNESS MEAN DOCUMENT GCS?</td>
</tr>
<tr>
<td>VITAL SIGN:</td>
<td>BP</td>
</tr>
<tr>
<td>OTHERS:</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that I have received the above patient and the status during transfer is,

☐ Satisfactory.

☐ Not satisfactory (please state)

........................................................................................................................................................................

RECEIVING STAFF:   
DESIGNATION:  

HEALTH FACILITY:    

Annex 8
### KEY PERSONS IN CHARGE CONTACT NUMBERS

**CPRC, SHD Perak (Phone No. +605 2433962, Fax. No. +605 2552978)**

<table>
<thead>
<tr>
<th>BIL</th>
<th>NAME</th>
<th>TEL NO</th>
<th>OFFICE NO</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Asiah binti Ayob</td>
<td>+60195768874</td>
<td>+605</td>
<td><a href="mailto:drasiahayob@moh.gov.my">drasiahayob@moh.gov.my</a></td>
</tr>
<tr>
<td>2</td>
<td>Dr. Husna Maizura bt Ahmad Mahir</td>
<td>+60124591442</td>
<td>+605</td>
<td><a href="mailto:Drhusna_maizura@moh.gov.my">Drhusna_maizura@moh.gov.my</a></td>
</tr>
<tr>
<td>3</td>
<td>Dr. Masliza binti Mustafa</td>
<td>+60195955328</td>
<td>+605</td>
<td><a href="mailto:masliza_m@moh.gov.my">masliza_m@moh.gov.my</a></td>
</tr>
<tr>
<td>4</td>
<td>Mr. Mohd Zamri bin Md Zain</td>
<td>+60175898990</td>
<td>+605</td>
<td><a href="mailto:zamrizain@moh.gov.my">zamrizain@moh.gov.my</a></td>
</tr>
<tr>
<td>5</td>
<td>Mr. Rahisham</td>
<td>+60126201054</td>
<td>+605</td>
<td></td>
</tr>
</tbody>
</table>

**HULU PERAK DISTRICT HEALTH OFFICE (Phone No. +6057911335 No. Fax +6057913958)**

<table>
<thead>
<tr>
<th>BIL</th>
<th>NAME</th>
<th>TEL NO</th>
<th>OFFICE NO</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Marina Bt Kamaruddin</td>
<td>+60135848901</td>
<td>+6057914533</td>
<td><a href="mailto:drkmarina@moh.gov.my">drkmarina@moh.gov.my</a> <a href="mailto:marina_kamaruddin@yahoo.com">marina_kamaruddin@yahoo.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Dr. Rohaidah Bt Ahmad Puat</td>
<td>+60165148754</td>
<td>+6057911342</td>
<td><a href="mailto:aidadihaz@gmail.com">aidadihaz@gmail.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Mr. Mohree Bin Mohtar</td>
<td>+60125875187</td>
<td>+6057914533</td>
<td><a href="mailto:cdchuluperak@gmail.com">cdchuluperak@gmail.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Mr. Sarizan Bin Ahmad</td>
<td>+60197710232</td>
<td>+6057914533</td>
<td><a href="mailto:cdchuluperak@gmail.com">cdchuluperak@gmail.com</a></td>
</tr>
</tbody>
</table>

**INTERNATIONAL POINT OF ENTRY HEALTH UNIT (Phone No.: +6044770887, No. Fax : +6044778534)**

<table>
<thead>
<tr>
<th>BIL</th>
<th>NAME</th>
<th>TEL NO</th>
<th>OFFICE NO</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ms. Nor Maizatul Hazwani Binti Md Zain</td>
<td>+60134369647</td>
<td>+6044770887</td>
<td><a href="mailto:m_hazwani86@yahoo.com">m_hazwani86@yahoo.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Mr. Anuar Bin Mat Noh</td>
<td>+60194344019</td>
<td>+6044770887</td>
<td><a href="mailto:pppk_anuar@yahoo.com">pppk_anuar@yahoo.com</a></td>
</tr>
</tbody>
</table>

**HOSPITAL GERIK (Phone No.: +6057911333, No. Fax : +6057911945)**

<table>
<thead>
<tr>
<th>BIL</th>
<th>NAME</th>
<th>TEL NO</th>
<th>OFFICE NO</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Khuzaini Bin Abdul Karim</td>
<td>+60195445619</td>
<td>+6057911333</td>
<td><a href="mailto:drkhuzaini@yahoo.com">drkhuzaini@yahoo.com</a> <a href="mailto:drkhuzaini@gmail.com">drkhuzaini@gmail.com</a> <a href="mailto:drkhuzaini@moh.gov.my">drkhuzaini@moh.gov.my</a></td>
</tr>
<tr>
<td>2</td>
<td>Medical Officer On Duty</td>
<td></td>
<td>+6057911333</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mr. Khairul Bin Mohd Nasir</td>
<td>+60195408431</td>
<td>+6057911333</td>
<td><a href="mailto:khairul_mona@moh.gov.my">khairul_mona@moh.gov.my</a></td>
</tr>
</tbody>
</table>

**PENGKALAN HULU HEALTH CLINIC (Phone No. +6044778355, No. Fax : 6044770885)**

<table>
<thead>
<tr>
<th>BIL</th>
<th>NAME</th>
<th>TEL NO</th>
<th>OFFICE NO</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Sheela Mithra</td>
<td>+6013582157</td>
<td>+6044778355</td>
<td><a href="mailto:sheelamithra@yahoo.com">sheelamithra@yahoo.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Dr. Hasniwati Bt Ahmad</td>
<td>+60124200982</td>
<td>+6044778355</td>
<td><a href="mailto:hasni_ahmad72@yahoo.com">hasni_ahmad72@yahoo.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Nur Irwan Effendy Bin Aman</td>
<td>+60194215674</td>
<td>+6044778355</td>
<td><a href="mailto:ir_wan77@yahoo.com">ir_wan77@yahoo.com</a></td>
</tr>
</tbody>
</table>