

Dr.....  
 .....

Vice President of Medical  
 Medical Department  
 FOMEMA Sdn. Bhd.  
 (Attn:\_\_\_\_\_)

Tel: 03-27828777  
 Fax: 03-27828773 / 27828774

Dear Sir,

**DECLARATION VERIFYING THE IDENTITY OF THE WORKER**

Worker's Name: .....

Worker Code: .....Passport No.: .....

I, Dr. .... (APC No. ....) of the above-mentioned clinic and solemnly and sincerely declare that I have verified the identity of the above-mentioned foreign worker with his/ her passport as well as checked his/ her height: ....., weight:..... and other physical distinguished marks (if any) .....

I also declare that I have personally conducted further investigations on this foreign worker based on FOMEMA's appeal procedure.

I make this solemn declaration conscientiously believing the same to be true.

.....  
**Signature of Doctor**

.....  
**Date of (Specimen taken / X-ray taken / Re-examination)**

.....  
**Clinic Stamp**

*\*Note: Please attach medical report/ details of medical examination*