



TH MARINE CONSTRUCTION MANAGEMENT SERVICES (UT0030317-W)

Formally name : TH Marine Crane Management Services

No 8-A Jalan Melaka Raya 25, Taman Melaka Raya 75000 Melaka.

TEL: 06-2826760 H/P:+6016-708 3853/ +6014-9249793 Email : [thirumaeni@yahoo.com/](mailto:thirumaeni@yahoo.com)
info@thmarinecranes.com

COURSE INFORMATION & REGISTRATION.

TH MARINE would like to take this opportunity to welcome you on the course.

We herewith provide you information pertaining to the course which you are required to read and complete.

Your signature is also required confirming the information is correct and you have understood all terms and conditions applicable.

Please submit your completed form to your trainer during course registration on the 1st day.

Date Course / Tarikh Kursus	
Course Title / Tajuk Kursus	
Name / Nama	
Passport No.or NRIC/Nombor Passport atau Kad Pengenalan :	
Sponsoring Company/ Majikan	
Position / Jawatan	
Date Of Birth / Tarikh Lahir	
Contact No./ No Telefon	
Email Address / Alamat Email	
Next Of Kin / Waris	
Relationship / Hubungan	
Number to contact in case emergency/nombor yang boleh dihubungi jika ada kecemasan	



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INFORMATION FOR PARTICIPANTS.

1. General

Practical elements our training courses may demand and degree of physical exertion. TH MARINE strives to ensure that training courses are conducted safely and efficiently.

2. Health And Fitness

The physical impact of practical sessions should not pose a problem for those who are physically fit, it may however pose a problem for anyone who has sustained injuries in the past or currently suffers from illness (e.g. diabetes, epilepsy, heart disease or mental illness).

It is therefore essential that the medical screening part of this form is completed as accurately as possible. If you have any doubts concerning your fitness, please bring to the trainers attention.

3. Intoxicating substances and medications

Participants must not be under the influence of any intoxicating substances or medication (including alcohol or any illegal substance) which affect alertness. Any participant suspected of being under the influence of any such substance or medication may be excluded from the training course and employers informed accordingly.

4. Safety

You will receive a safety briefing upon arrival and it is essential that all safety procedures are strictly followed all the time. You are also encouraged to report any unsafe acts or conditions that you witness during the training.



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MEDICAL SCREENING FORM

Have you experience any of the following: (please circle your answer) Adakah anda mengalami sebarang tanda-tanda seperti di bawah:			
No	Conditions		
1	Cloustophobia (Fear of enclosed spaces) (Takut dalam keadaan tertutup / sempit)	YES	NO
2	Asthma / Breathlessness (Asma / Semput / Lelah)	YES	NO
3	Lung disease (Jangkitan paru-paru)	YES	NO
4	Fits or fainting spells (Sawan / Pitam)	YES	NO
5	Hypertension (High blood pressure) (Darah Tinggi)	YES	NO
6	Diabetes (Kencing Manis)	YES	NO
7	Heart Disease (Sakit Jantung)	YES	NO
8	Physical disabilities (Hilang upaya- anggota)	YES	NO
9	Fractures / dislocation (Patah tulang / dislokasi)	YES	NO
10	Mental disabilities (Gangguan mental / otak)	YES	NO
11	Are you able to swim? (Bolehkah anda berenang)	YES	NO
12	Are you currently under medication? (Sedang dalam pengambilan ubat ubatan?)	YES	NO
	If Yes please state the type of medicine? (Sekiranya Ya, sila jelaskan apakah nama ubat itu?)		



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Declaration

- 1. I agree to accept thee in-house safety procedures of TH MARINE.**
(Saya bersetuju mematuhi perturan Keselamatan TH MARINE).

- 2. I declare that I inderstand that certain aspects of the course are of physical nature and that I feel fit enough to attend the course.**
(Saya mengaku dan memahami bahawa sesetengah aspek kursus bergantung kepada keadaan / fizikal semasa latihan dijalankan.Saya mengaku bahawa saya sihat tubuh badan untuk menjalani latihan tersebut.

- 3. I declare that the particulars completed in this form are true and to the best of my knowledge.**
(Saya mengaku segala keterangan diatas adalah benar).

By signing this form I hereby confirm that I have received, read and understood the “Information for participants,and that the “Medical Screening form” has been completed to the best of my knowledge.	
Signature :	Date :
This section to be completed by the training establishment	
Photographic I.D confirmed	Signed
We certify that the named person completed the course indicated and is issued with Certificate Number :	