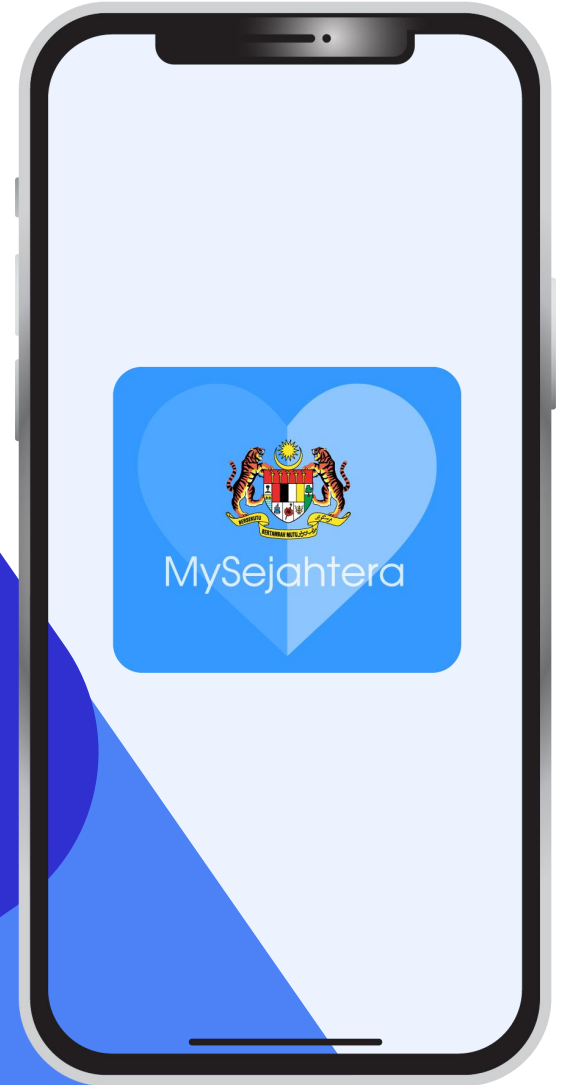


WEBINAR ON DIGITALISATION OF NATIONAL HEALTH SCREENING

21st JULY 2022



AGENDA

1. Overview of National Health Screening (NHS)

2. Introduction to MyVAS Manual Health Screening

1. Increase the level of **awareness and knowledge** of Malaysians on the importance of health screening.
2. Increase **number of Malaysians getting regular health screening**.
3. Reduce the proportion of Malaysians with **undiagnosed** high blood pressure, blood sugar, and cholesterol.

OUR TARGET

Target for screening

- Overall: 1.5 million [for July to December 2022 – 6 months]
- 40 years & above
- Not known to have hypertension, diabetes and/or dyslipidaemia

Opportunistic Screening at healthcare facilities

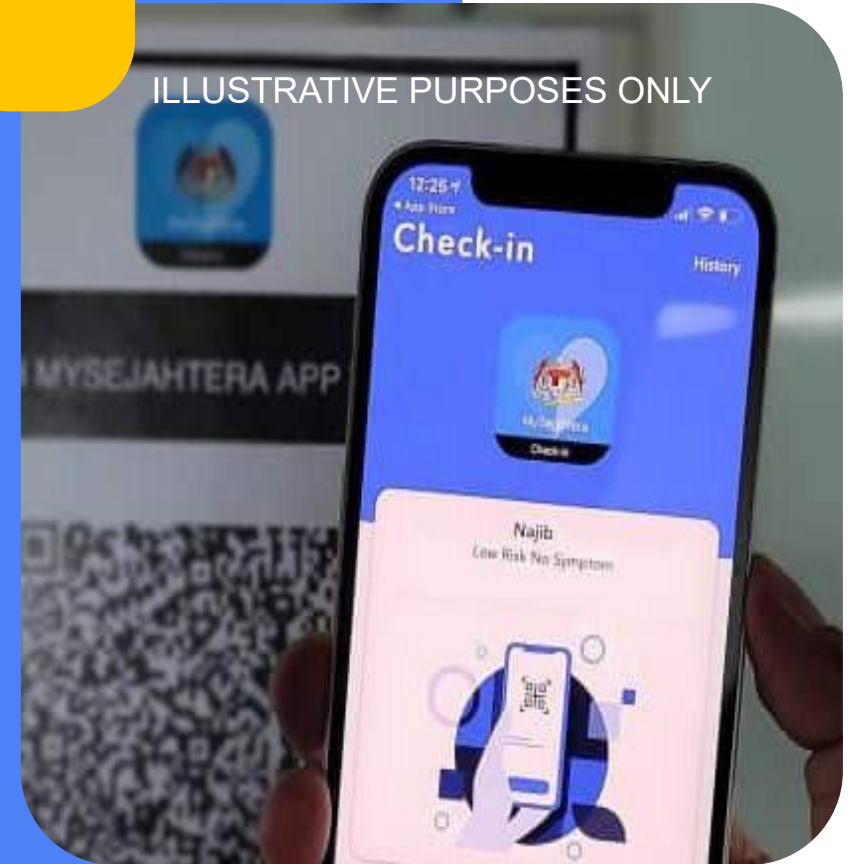
- Klinik Kesihatan – MOH
- Private GPs



POINTS TO PONDER

- Do you find it hard to keep your health records summary/lab reports from the hospital or clinic?
- Have you ever wished for a digital record of your health to be kept where you can easily retrieve it? For example, inside your mobile phone?

ILLUSTRATIVE PURPOSES ONLY



DIGITALISATION OF THE NATIONAL HEALTH SCREENING



- Aimed to enable and improve the current manual process by leveraging on available successful digital platform and eventually digitising health screening data.



- Need for a more efficient health screening recording and storing mechanism.
- Leverage on MyVAS, which was developed for the National COVID-19 vaccination program to achieve this objective.



- Digitalise the National Health Screening work process by digitally recording and storing health records.

MyVAS-WAY FORWARD

- Enhance MyVAS (Malaysian Vaccine Administration System) to serve as a provider portal to record health screening.
- Create a screening database as a source of truth to systematically collect, collate, analyze and interpret screening data.
- Integrate with available systems if required

Select Language English ▾

View Health Screening Records

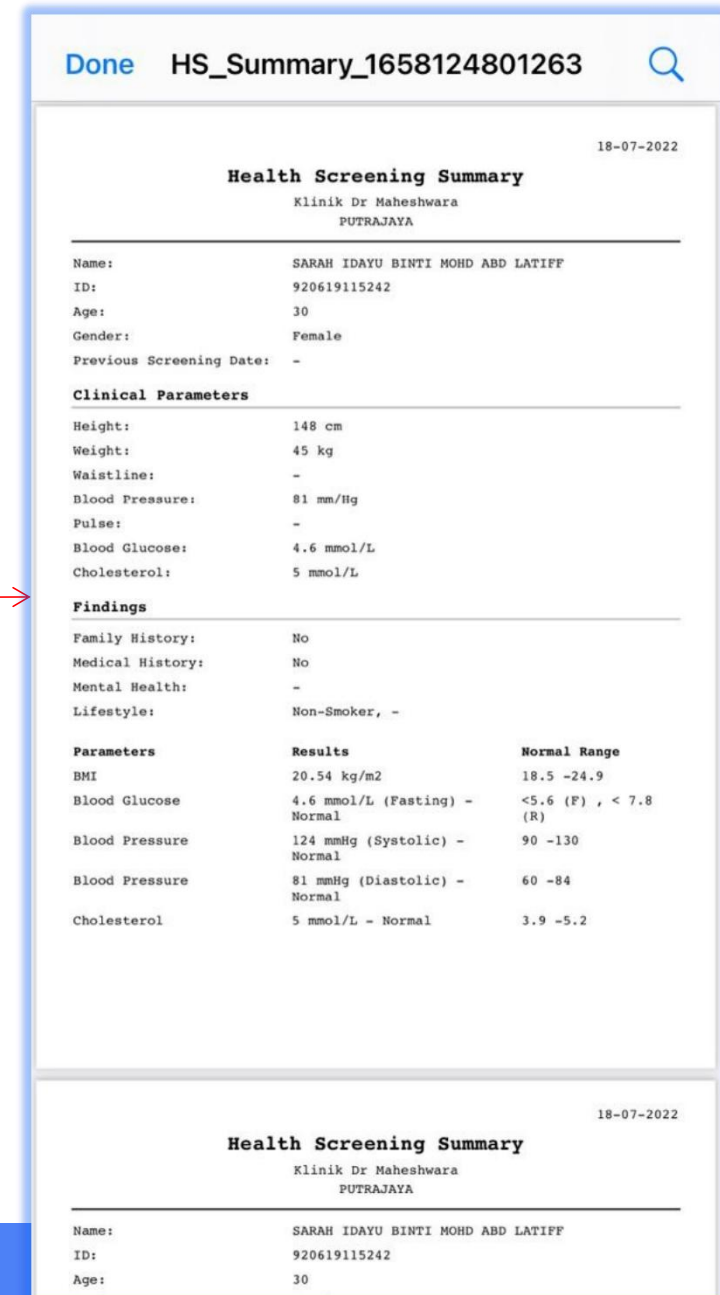
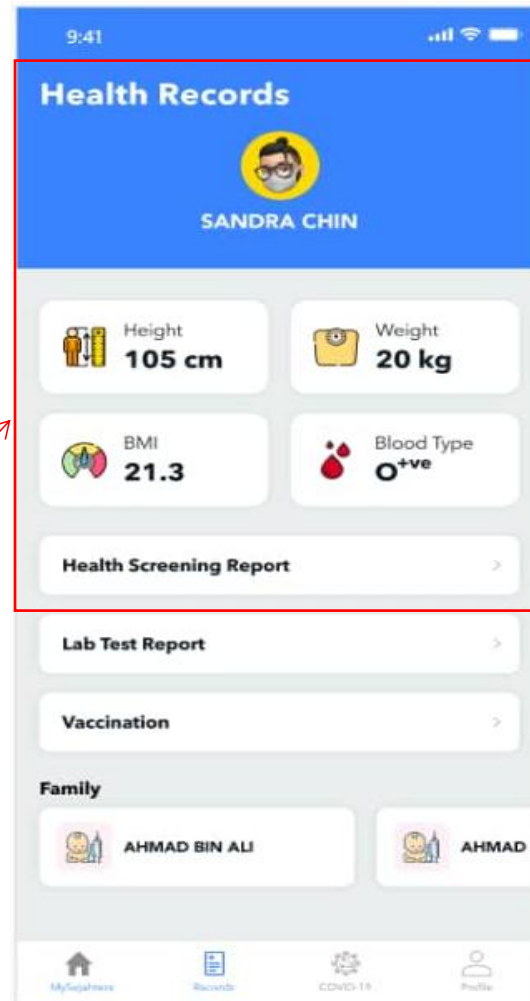
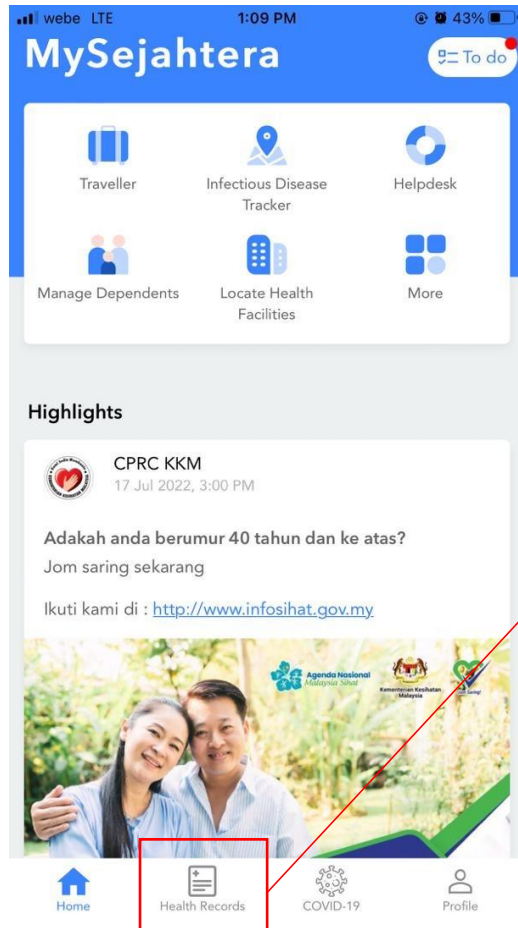
View or complete all your health screening records

Health Screening Date: 28/06/2022 Status: Completed OR IC/Passport: [Filter](#) [Reset](#)

Patient Name	Patient ID	Start Date	Completed Date	Status	Action
John Doe	960612565183	26/05/2022	-	In Progress	Continue
John Doe	960612565183	28/04/2022	29/04/2022	Completed	View

MySejahtera - WAY FORWARD

Enhance MySejahtera as a user front end to view health screening records and provides digital records.



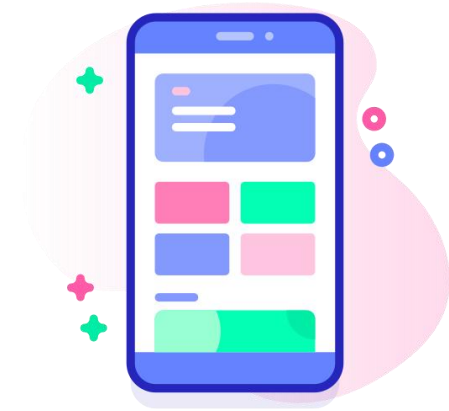
MyVAS-ADVANTAGES



Used by **more than 10,000** health facilities



30 million unique users in the database, including the NCD profile



Real-time data on MySejahtera, the beginning of a lifetime health record at your fingertips

AGENDA

1. Overview of National Health Screening (NHS)

**2. Introduction to MyVAS Manual
Health Screening**

USER MANUAL

NATIONAL HEALTH SCREENING (MyVAS)

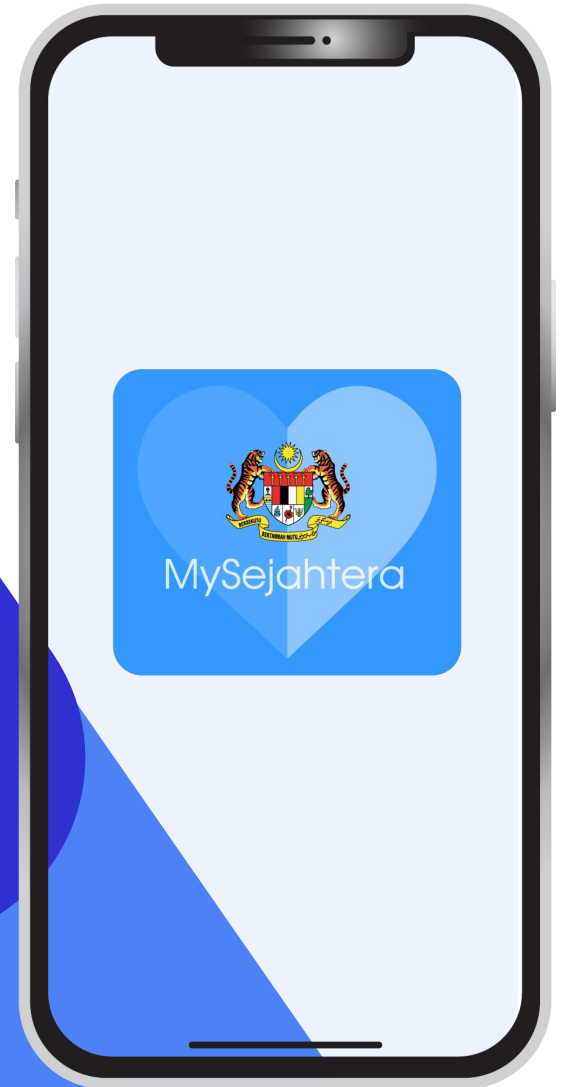


Table of content

No.	Chapter
1.0	Onboarding Health Facility Into MyVAS
2.0	Activation of MyVAS Account
3.0	Login to MyVAS Account
4.0	MyVAS Homepage For National Health Screening
5.0	How To Add Health Officers
6.0	Health Screening Records
7.0	Patient Registration
7.1	Patient Registration: New User
8.0	Health Screening Process
9.0	Health Screening Summary
10.0	View Health Screening Records

1.0 Onboarding Health Facility Into MyVAS

1. Please submit your MyVAS Account application through this link:

<https://tinyurl.com/MYVASONBOARD>
(Onboarding Request Form)

MySejahtera MyVAS Account Onboarding (National Health Screening)

sarah.idayu@moh.gov.my [Switch accounts](#)



*Required

Email *

Your email address

Action Required? *

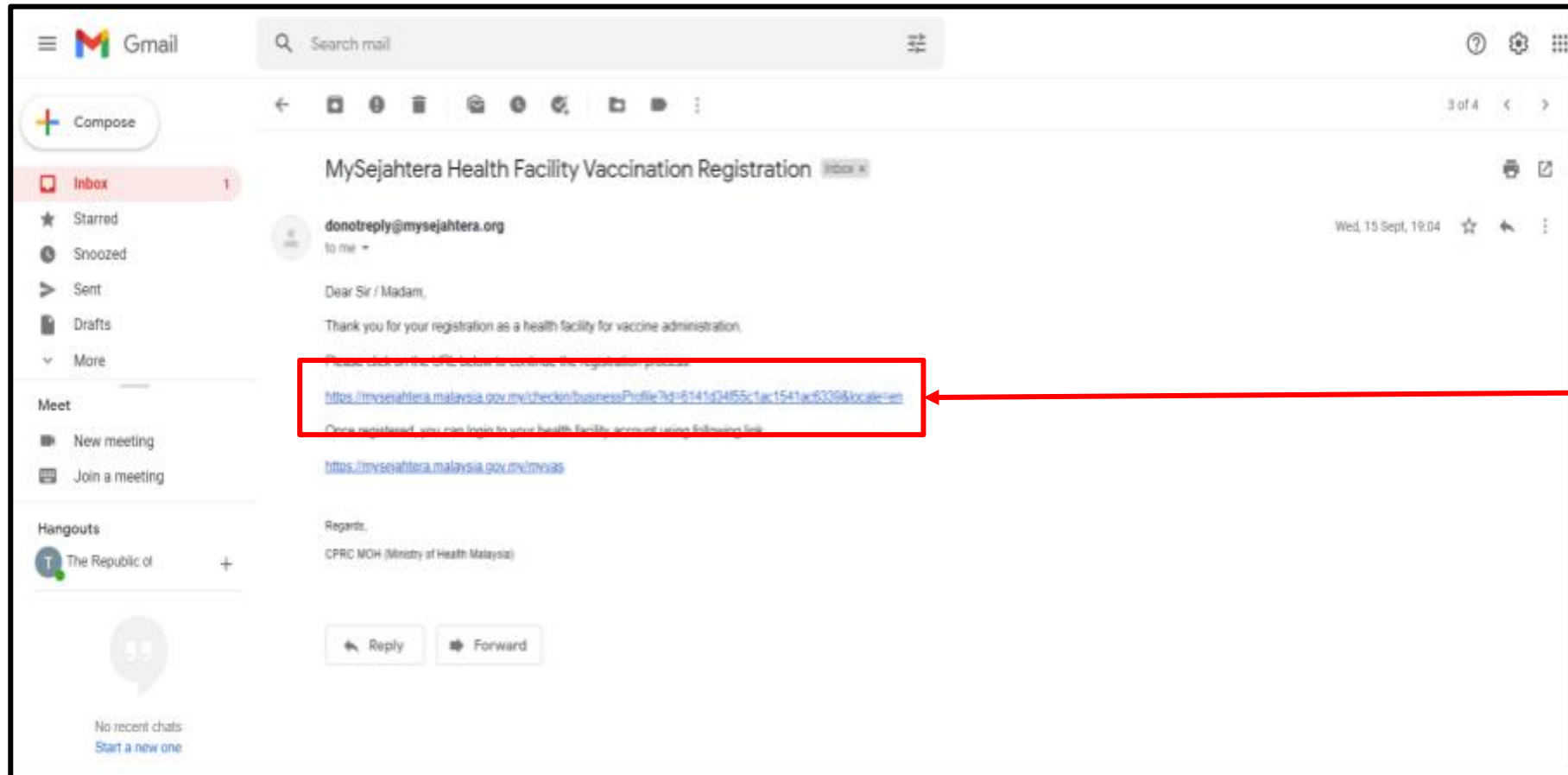
- ☐ To enable NHS module in existing MyVAS
- ☐ To Create New MyVAS Account for Health Screening
- ☐ To Change Login Email

[Next](#)

Page 1 of 4

[Clear form](#)

2.0 Activation of MyVAS account



Check your registered email for the **activation link**.

Click on the first link to proceed to **activate** your MyVAS account.

The user will be directed to the **Registration Page** and must fill in the required details with a red asterisk.

Click **submit**. Once submitted, the MyVAS account is **deemed activated**.

Registration

Step 3 of 4

Health Facility Profile

User Name*
ex-tst-002@uat.com

Health Facility Name*
Hospital Besar EX

Health Facility Code*
EX-TST-002

Contact Name*
Contact Name

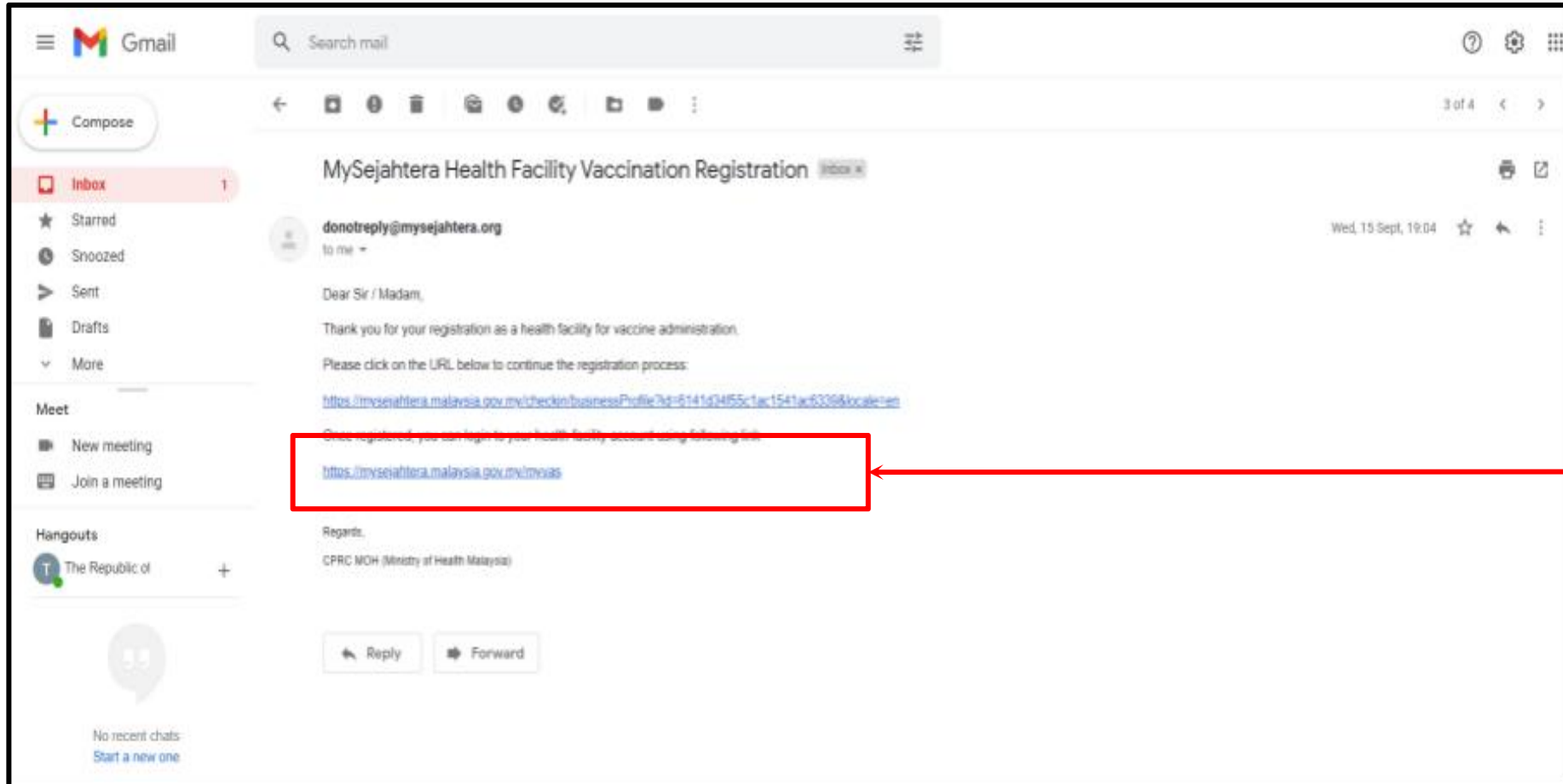
Current Address*
Current Address

Postcode*
Postcode

State*
W.P. Kuala Lumpur

District*
W.P. Kuala Lumpur

Submit



Post activation, refer to the email and click on the second link
<https://mysejahtera.malaysia.gov.my/myvas>
to proceed to log in.

Login



For **first-time login**.

Open the browser and type the URL below:

<https://mysejahtera.malaysia.gov.my/myvas>

Login

Please fill in details

Email Address*

Email Address

Enter **Login Credentials**.

A 6 digit OTP will be sent via Email to verify your Email Address!



I'm not a robot



reCAPTCHA
Privacy - Terms

Click on the **"I'm not a robot"** checkbox to verify the process.

Login

Click the **"Login"** button.

Login with OTP

Choose Language: Bahasa Melayu | [English](#)

OTP verification



OTP verification

Enter the OTP sent to your registered email address
ex-tst-002@uat.com

OTP

Didn't receive yet? [Resend OTP](#)

An OTP will be sent to your registered email address. Kindly enter above to login. If you do not receive it within 5 minutes, kindly try again

Submit

[Need Help?](#)

Users need to request OTP for **first-time login**. After that, OTP will be sent to the **registered email**.

Check your registered email for OTP.

Input the given OTP in the portal and click **Submit**.

3.0 Login To MyVAS Account

Login



For **first-time login**.

Open the browser and type the URL below:

<https://mysejahtera.malaysia.gov.my/myvas>

Login

Please fill in details

Email Address*

Email Address

Enter **Login Credentials**.

A 6 digit OTP will be sent via Email to verify your Email Address!



I'm not a robot



reCAPTCHA
Privacy - Terms

Click on the “**I’m not a robot**” checkbox to verify the process.

Login

Click the “**Login**” button.

Login with OTP

Choose Language: Bahasa Melayu | [English](#)

Password Verification



Password Verification

Username

mysjcprc@gmail.com

Password

Enter the password.

Submit

Click the button
"Submit".

[Need Help?](#)

4.0 MyVAS Homepage For National Health Screening

Welcome Klinik Kesehatan XXX

Please select a MyVAS module to begin



COVID-19 Vaccination

Click here to proceed with COVID-19 Vaccination module which includes vaccine administration, appointment booking management, and vaccination records



National Immunisation Programme

Click here to proceed with National Immunization Programme module which includes vaccination registration, administration and records



COVID-19 Test

Click here to register and record professional COVID-19 Test



Health Screening

Click here to proceed with health screening module which include health screening registration, records and summary

1. Upon logging into the MyVAS system, the user will see different modules on the HomePage.
2. Click on “**Health Screening**” to proceed with screening.

5.0 How To Add Health Officers

Welcome Klinik Kesehatan XXX

Please select a MyVAS module to begin

Click "Settings" to
add Health Officer



COVID-19 Vaccination

Click here to proceed with COVID-19 Vaccination module which includes vaccine administration, appointment booking management, and vaccination records



National Immunisation Programme

Click here to proceed with National Immunization Programme module which includes vaccination registration, administration and records



COVID-19 Test

Click here to register and record professional COVID-19 Test



Health Screening

Click here to proceed with health screening module which include health screening registration, records and summary



PPV



Home



Overview



Booking Management System



Vaccination Records



Add Vaccinee



PPV QR Code

Lab Test



Update Test Results



Klinik Kesehatan Chemor
My Account Settings



Logout

My Account Settings

View and set your PPV Booking Management System



Edit Health Facility Details



Add Health Officer



Click **Add Health officer** to add
Name and Registration Number.

My Account Settings

View and set your PPV Booking Management System



Edit Health Facility Details



Add Health Officer

b) Click on the “**Add Health Officer**” menu.

Health Officer List

Location: Hospital Sultanah Bahiyah

Add Health Officer

#	Name	MMC Number	...

c) Click on “**Add Health Officer**” button to add the details.

Add Health Officer

Name*

MMC Number*

Cancel Save

MMC Number	...
-	
06700	
12345	
31233	

d) Fill up the health officer's **Name** and **MMC Number (Registration Number)** and click the button **"Save"**.

Health Officer List

The Health Officer's name will be listed in the Health Officer list.

Location: Hospital Sultanah Bahiyah

Add Health Officer

#	Name	MMC Number	...

6.0 Health Screening Records



Home



Overview



Add New Health Screening

View Health Screening
Records

Logout

Home / Add New Health Screening

Overview

Summary of Facility Activities

Date

dd/mm/yyyy

As of 15-Jul-2022 12:31 PM

[Refresh](#)

All Status

10

Completed

7

In Progress

3

Show the dashboard status health screening of the desired date.

To start and continue the health screening process.

To trace previous health screening records.



Home



Overview



Add New Health Screening



View Health Screening
Records



Logout

Home / Add New Health Screening

Overview

Summary of Facility Activities

Date

dd/mm/yyyy



Filter

Reset

As of 15-Jul-2022 12:31 PM

[Refresh](#)

All Status

10

Completed

7

In Progress

3

Select desired date and click filter. The dashboard will show the status of the health screening for that selected date.

Home / Add New Health Screening

Add Health Screening Records

Begin or Continue Patient Health Screening

Select Language

English ▼



Home



Overview



Add New Health Screening



View Health Screening
Records



Logout

Search Patient

IC / Passport / Identification Number

Search

Register New Patient

Patient Name

Type of Identification

Identification Number

MySJ ID

Please search for an IC / Passport number to view records

Users can search patient ID in the search column. The patient's details will be **automatically listed** if the user has a verified MySejahtera ID.

Select **Register New Patient**; if no record found in MyVAS (No MySejahtera ID)

Home

Overview

Add New Health Screening

View Health Screening Records

Logout

Select LanguageEnglish

Home / Add New Health Screening

Add Health Screening Records

Begin or Continue Patient Health Screening

Search Patient

USER115

Search

Register New Patient

Patient Name	Identification Number	MySJ ID
User 115	USER115	user115@uat.com

Confirm

There is already screening in progress. Would you like to continue or start new?

Continue

Start New

Select **Start New** for new health screening record

Select **Continue** to resume the previous health screening process.

User Details

Name*	User 115
MySejahtera User ID*	user115@uat.com
Contact Number*	601128803498
Type of Identification*	Others
Identification Number*	USER115
Gender*	Female
Nationality*	Malaysian
Date of Birth*	28/06/2010
Address*	KL Sentral
Occupation*	MANAGER
Ethnicity*	Malay
Special Category of Population*	Not Applicable
Industry*	Construction
Comorbidities Present*	<div><div>Not Applicable</div><div>Diabetes Mellitus</div><div>Hypertension</div><div>Heart disease</div><div>Asthma</div><div>Cancer</div><div>Chronic Lung Disease</div><div>Kidney Disease</div><div>Liver Disease</div><div>Stroke</div><div>Immunocompromised</div><div>Obesity</div><div>Bleeding Tendency</div><div>History of Severe Allergic Reaction</div><div>Others</div></div>

Patient details will be auto-populated if the patient has a verified MySejahtera ID

Last Screening Date

☒ Applicable ☐ Not Applicable

Last Screening Date: 15/07/2022

☐ I have verified the following details:

- MySejahtera User ID
- IC No / Passport
- Severe Allergies Present
- Comorbidities Present

Exit

Continue Health Screening

Click **Applicable** and fill in the last screening date if the patient had done health screening before.

Once completed, click **Continue Health Screening** to proceed to the next page.

7.0 Patient Registration

7.1 New User

User Details

Name*	<input type="text"/>
MySejahtera User ID*	<input type="text"/>
Contact Number*	<input type="text"/>
Type of Identification*	<input type="text"/>
Identification Number*	<input type="text"/>
Gender*	<input type="text"/>
Nationality*	<input type="text"/>
Date of Birth*	<input type="text" value="15/07/2022"/>
Address*	<input type="text"/>
Occupation*	<input type="text"/>
Ethnicity*	<input type="text"/>
Special Category of Population*	<input type="text"/>
Industry*	<input type="text"/>
Comorbidities Present*	<div><div>Not Applicable</div><div>Diabetes Mellitus</div><div>Hypertension</div><div>Heart disease</div><div>Asthma</div><div>Cancer</div><div>Chronic Lung Disease</div><div>Kidney Disease</div><div>Liver Disease</div><div>Stroke</div><div>Immunocompromised</div><div>Obesity</div><div>Bleeding Tendency</div><div>History of Severe Allergic Reaction</div><div>Others</div></div>

Last Screening Date

☒ Applicable ☐ Not Applicable

Last Screening Date

☐ I have verified the following details

- MySejahtera User ID
- IC No / Passport
- Severe Allergies Present
- Comorbidities Present

Fill up all **mandatory** fields before proceeding with the screening process

- Name
- Contact Numbers
- Identification Number
- My Sejahtera User ID (fill in phone number (+60) / E-mail)
- Type of identification
- Gender
- Nationality
- Date of Birth
- Address
- Occupation
- Ethnicity
- Special category of population
- Industry
- Comorbidities present

Click **Applicable** and fill in the last screening date if the patient had done health screening before.

Once completed, click **Continue Health Screening** to proceed to the next page.

8.0 Health Screening Process

History

Assessments

Patient Details

Name	CS Test1	Age	17
Identification Number	CSTEST1	Gender	Male

History

Does the patient have any family history? ☒ Yes ☐ No

Tick if patient's family has any of the following conditions

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Hypercholesterolemia
<input type="checkbox"/> Coronary heart Disease	<input type="checkbox"/> Stroke	<input type="checkbox"/> Chronic Kidney Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sudden Death	<input type="checkbox"/> Mental Illness

Does the patient have any medical history? ☒ Yes ☐ No

Tick if patient has any of the following conditions

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Hypercholesterolemia
<input type="checkbox"/> Coronary heart Disease	<input type="checkbox"/> Stroke	<input type="checkbox"/> Chronic Kidney Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Asthma	

BackSave & ExitContinue

Select either **Yes** if there is a family and medical history or **No** if none.

Click the **Save & Exit** button to save the patient's details.

Mental Health Assessment

Health Screening

Assessments

Patient Details

Name	CS Test1	Age	17
Identification Number	CSTEST1	Gender	Male

Mental Health Assessment

Please rate accordingly for the following situations

In the past 2 weeks, how often does this patient:

Not At All	Several Days	> 7 Days	Almost Everyday
------------	--------------	----------	-----------------

Felt Down, depressed or hopeless

In the last 2 weeks, indicate how difficult these problems made it for this patient:

Not Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
---------------	--------------------	----------------	---------------------

Do your work, take care of things at home, or get along with others

Total Mental Health Test Score: -

Back

Save & Exit

Continue

If the provider selects **other** than **Not At All**, List of PHQ-9 questionnaires will be shown.

	Not At All	Several Days	> 7 Days	Almost Everyday
Little interest to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Trouble falling asleep/staying asleep or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Felt tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Had poor appetite or over eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt bad about himself/herself, felt like a failure or he/she has let his/her family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Trouble concentrating (e.g. watching television or reading newspaper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Moved slowly or fidgeted excessively that is noticeable by people around him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Had thoughts that he/she would be better dead, or hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

In the last 2 weeks, indicate how difficult these problems made it for this patient:

	Not Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
Do your work, take care of things at home, or get along with others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Mental Health Test Score: 24 Severe Depression

Back Save & Exit Continue

Provider to tick all the listed PHQ-9 questions accordingly.

Total Mental Health Test Score will be auto-calculated.

Click the **Save & Exit** button to save patient's details.

Lifestyle Health Assessment: Alcohol consumption

Assessments

Patient Details

Name

User 115

Age

12

Identification Number

USER115

Gender

Female

Lifestyle Health Assessment

Please rate accordingly for the following situations

Alcohol Consumption

Never

Once a month

2-4 times a month

2-3 times a week

> 4 times a week

How often do you consume alcohol?

☒

☐

☐

☐

☐

Total Alcohol Consumption Test Score:

0 Low Risk

Does the patient smoke?

☒ Yes ☐ No

Cigarettes per Day:

Years of Smoking:

Total pack-years:

0

Back

Save & Exit

Continue

If the provider selects **other** than **Never**, List of AUDIT questionnaires will be shown.

Alcohol Consumption

	Never	Once a month	2-4 times a month	2-3 times a week	> 4 times a week
How often do you consume alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<2	3 - 4	5 - 6	7 - 9	>10
How many alcoholic beverages do you consume in a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often within the last year	Never	< Once a month	Once a month	Weekly	Almost daily
Do you consume 6 or more drink in a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were you not able to stop drinking once started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Were you not able to perform normal activities due to drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

You needed to drink first thing in the morning to get going after a heavy drinking session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

That you felt guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Were you unable to remember what happened the night before due to drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

	No	Yes, but not last year	Yes, during the last year
Have you or someone else been injured because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has a relative, friend, doctor, been concerned about your drinking habits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------

Total Alcohol Consumption Test Score: 2 Low Risk
--

Provider to tick all the listed **AUDIT** questions accordingly.

Total Alcohol Consumption Test Score will be auto-calculated.

Lifestyle Health Assessment: Smoking Status

Assessments

Patient Details

Name	User 115	Age	12
Identification Number	USER115	Gender	Female

Lifestyle Health Assessment

Please rate accordingly for the following situations

Alcohol Consumption

Never

Once a month

2-4 times a month

2-3 times a week

> 4 times a week

How often do you consume alcohol?

☒

☐

☐

☐

☐

Total Alcohol Consumption Test Score: 0 Low Risk

Does the patient smoke?

☒ Yes

☐ No

Cigarettes per Day:

Years of Smoking:

Total pack-years: 0

Back

Save & Exit

Continue

Provider to assess patient smoking status. If you select **Yes**, fill in the details accordingly.

The **total pack years** will be auto-calculated.

Click the **Save & Exit** button to save the patient's details.

Health Screening

Observations

Patient Details

Name	SARAH IDAYU BINTI MOHD ABD LATIFF	Age	30
Identification Number	920619115242	Gender	Female

Clinical Parameters

Anthropometry

Height	cm	Weight	kg	Waistline	cm
--------	----	--------	----	-----------	----

BMI	BMI Outcome
-	-

Vital Signs

Blood Pressure(Systolic)	mm/Hg	Blood Pressure(Diastolic)	mm/Hg	Pulse Rate	bpm
--------------------------	-------	---------------------------	-------	------------	-----

Blood Pressure Outcome
-

Point of Care Testing

Blood Glucose
☐ Random ☒ Fasting

	mmol/L	Cholesterol	mmol/L
--	--------	-------------	--------

Blood Glucose Outcome	Cholesterol Outcome
-	-

Back

Save & Exit

Continue

Insert patient's weight (kg), height (cm), and waist circumference (cm) in numerical **with only one decimal point**.

BMI value will be **auto-calculated** based on weight and height input.

Insert patient's blood pressure (systolic and diastolic) and pulse rate in numerical **without a decimal point**.

To fill in either **random** blood sugar/cholesterol **OR** fasting blood sugar/cholesterol.

Click the **Save & Exit button** to save the patient's details.

Advanced Health Screening

Health Screening

Observations

Patient Details

Name	CS Test1	Age	17
Identification Number	CSTEST1	Gender	Male

Advanced Health Screening

Indicate if any advanced health screening required:

☐ Cardiorespiratory

☐ Gastrointestinal

☐ Genitourinary

☐ Locomotor

☐ Neurological

☐ ENT Symptoms

☐ Dermatological

Back

Save & Exit

Continue

Please select any of the following if any advanced health screening is required

Click the **Save & Exit** button to save patient's details.

Further Investigation

Observations

Patient Details

Name	User 115	Age	12
Identification Number	USER115	Gender	Female

Further Investigations

Indicate if any further investigations required:

☒ Urine dipstick

☐ Leucocyte
☐ Blood

☐ Glucose
☐ Protein

☐ Nitrite

☒ Urine FEME

☐ Leucocyte
☐ Urine Billirubin
☐ Urine Glucose

☐ Urine Ketone
☐ Urine Protein
☐ Urine Blood

☐ Urine Nitrite
☐ Urine RBC

☒ ECG

Normal Sinus Rhythm

Abnormal

☒ Haemoglobin

Level(g/dL)

Back

Save & Exit

Continue

Please select any of the following if any further investigations are required:

- Urine dipstick
- urine FEME
- ECG
- Haemoglobin

Click the **Save & Exit** button to save patient's details.

Recommendations

Patient Details

Name: User 115 Age: 32
Identification Number: USER115 Gender: Female

Diagnosis

Normal Healthy Individual?

Yes

No

Yes

No

Management (Intervention)

General Management

☐ Dietary advice ☐ Smoking cessation ☐ Physiotherapy
☐ Physical activity advice ☐ Alcohol cessation ☐ Referral

Doctor's note

Prescription

Any medication prescribed?

[+ Add Medication](#)

Verified By

Doctor's Name:

Registration Number:

[Back](#)

[Save & Exit](#)

[Submit](#)

Select **Yes** for a normal healthy individual
Select **No** for unhealthy individual.

Recommendations

Patient Details

Name	CS Test1	Age	17
Identification Number	CSTEST1	Gender	Male

Diagnosis

Normal Healthy Individual?

No

Diagnosis (in accordance to ICD11)

Management (Intervention)

General Management

☐ Dietary advice
☐ Physical activity advice

Doctor's note

Prescription

Any medication prescribed?

Verified By

Doctor's Name

Registration Number

Select

Malignant neoplasms of parotid gland, unspecified
Malignant neoplasms of tonsil, unspecified
Malignant neoplasms of oropharynx, unspecified
Malignant neoplasms of nasopharynx, unspecified
Malignant neoplasms of piriform sinus, unspecified
Malignant neoplasms of oesophagus, unspecified
Malignant neoplasms of stomach, unspecified
Malignant neoplasms of small intestine, unspecified
Malignant neoplasms of duodenum, unspecified
Malignant neoplasms of jejunum or ileum, unspecified
Malignant neoplasms of colon, unspecified
Malignant neoplasm of ascending colon and right flexure of colon, unspecified / Caecum
Malignant neoplasms of appendix, unspecified
Malignant neoplasm of ascending colon and right flexure of colon, unspecified
Malignant neoplasm of transverse colon, unspecified
Malignant neoplasm of descending colon and splenic flexure of colon, unspecified
Malignant neoplasm of sigmoid colon, unspecified
Malignant neoplasms of rectosigmoid junction, unspecified
Malignant neoplasms of rectum, unspecified
Malignant neoplasms of anus or anal canal, unspecified
Malignant neoplasms of liver or intrahepatic bile ducts, unspecified
Malignant neoplasm of liver
Malignant neoplasms of gallbladder, unspecified
Malignant neoplasms of other or unspecified parts of biliary tract, unspecified
Malignant neoplasms of other or unspecified parts of biliary tract, unspecified / Malignant tumours
Malignant neoplasm of pancreas, unspecified
Neuroendocrine neoplasms of pancreas
Malignant neoplasms of middle ear, respiratory or intrathoracic organs, unspecified
Malignant neoplasms of accessory sinuses, unspecified
Malignant neoplasms of larynx, unspecified

Select **No** for **unhealthy individual** and choose the diagnosis (ICD11) from the dropdown.

Management (Intervention)

General Management

- ☐ Dietary advice
- ☐ Physical activity advice
- ☐ Smoking cessation
- ☐ Alcohol cessation
- ☐ Physiotherapy
- ☐ Referral

Doctor's note

Select the general management accordingly:

- Dietary advice
- Physical activity advice
- smoking cessation
- physiotherapy
- Referral

Any **additional doctor's remark** can be added in this section, e.g. Referral.

Prescription

Any medication prescribed?

Yes

Prescribed medication

Select
Select

T. AMLODIPINE 5MG
T. AMLODIPINE 10MG
T. FELODIPINE 5MG
T. FELODIPINE 10MG
T. PERINDOPRIL 4MG
T. METOPROLOL 50MG
T. METOPROLOL 100MG
T. LOSARTAN 50MG

+ Add Medication

Select the medication listed accordingly.

If there is no listed medication in the dropdown, can add the medication name in Doctor's note.

Verified By

Doctor's Name

Registration Number

Verified By

Doctor's Name

Dr Kumar Singh

Registration Number

11223344

Back

Save & Exit

Submit

Please select the dropdown
options for Health Officer
Details.

Once click Submit, the health
screening process is
completed and is not editable.

9.0 Health Screening Summary

Summary

Screening Date: Jul 18, 2022

Facility Details

Health Facility Name

Klinik Dr Maheshwara

Health Facility Address

PUTRAJAYA

Patient Details

Name

SARAH IDAYU BINTI MOHD ABD LATIFF

Identification Number

920619115242

Age

30

Gender

Female

Clinical Parameters

Height :

148 cm

Weight :

45 kg

Waistline :

cm

Blood Pressure(Systolic) :

124 mm/Hg

Blood Pressure(Diastolic) :

81 mm/Hg

Pulse Rate :

bpm

Blood Glucose (Fasting) :

4.6 mmol/L

Cholesterol :

5 mmol/L

Family History

History

Mental Health

0 None-Minimal Depression

Lifestyle

Non-Smoker, 0 Low Risk Alcohol Consumption

BMI

20.54 kg/m2 Normal Weight

Blood Glucose (Fasting)

4.6 mmol/L Normal

Blood Pressure

124/81 mm/Hg Normal

Cholesterol

5 mmol/L Normal

Cardiovascular Risk

>0%

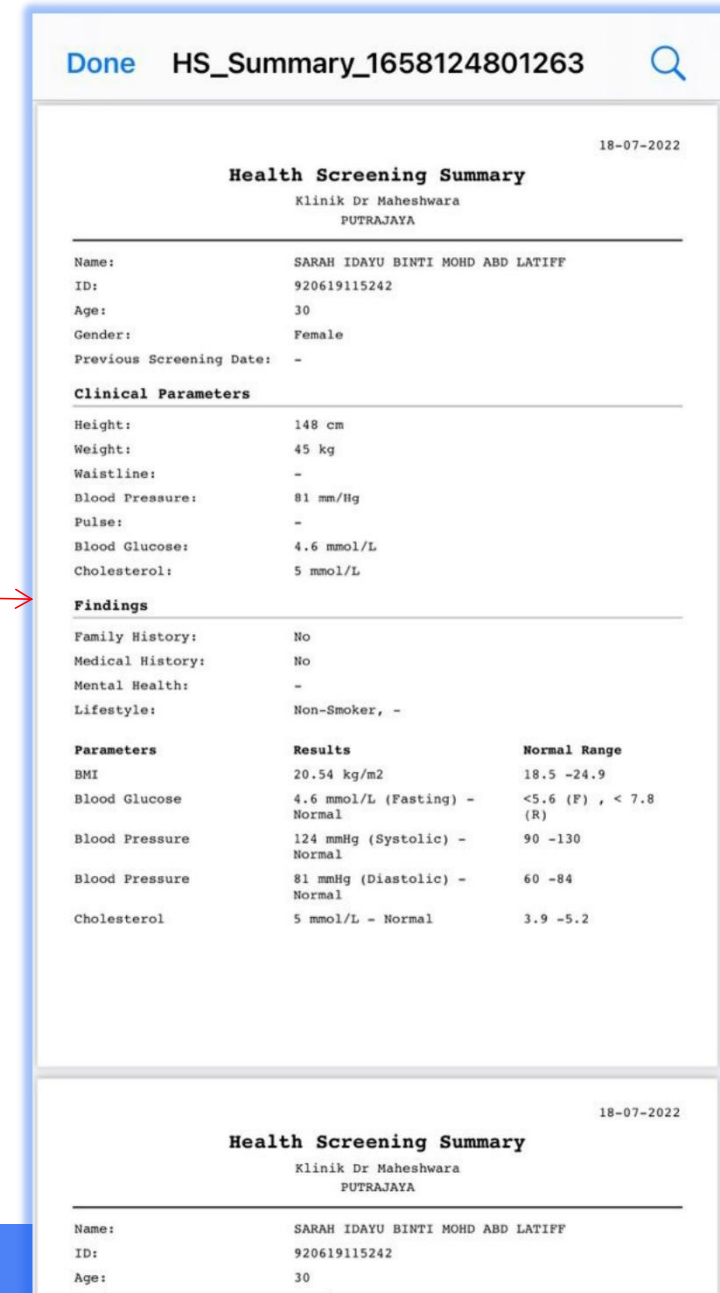
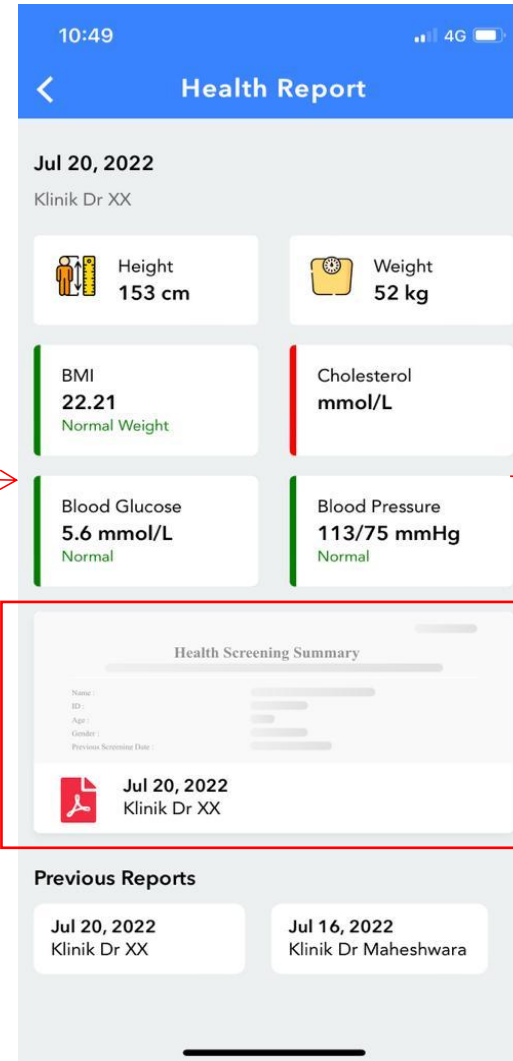
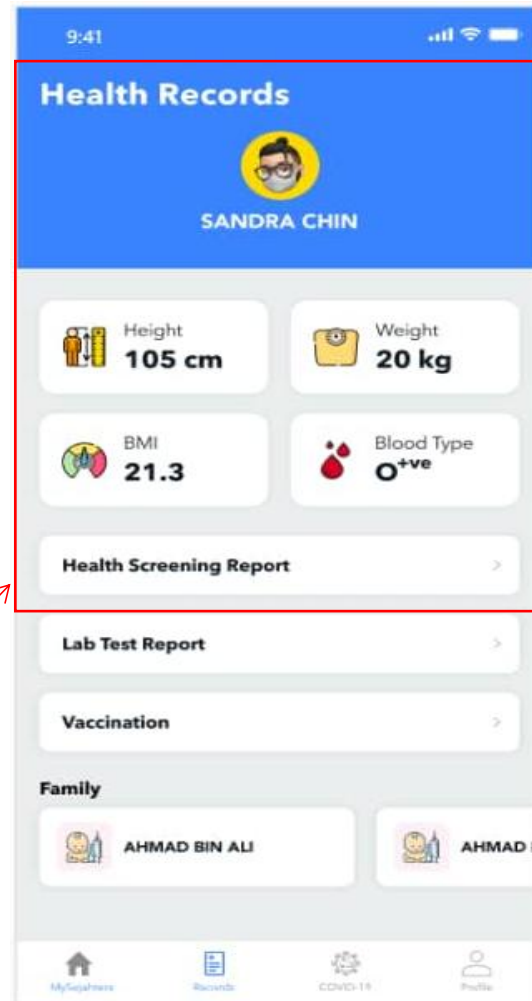
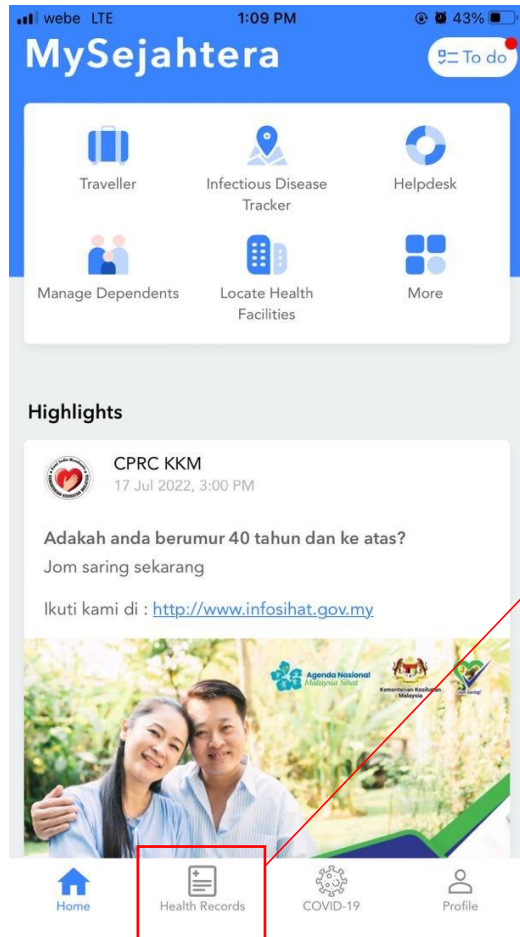
Print

Close

Health Screening Summary
will be shown after clicking
Submit button.

Click on the **Print** button to print
Health Screening Summary details.

MySejahtera Interface



10.0 View Health Screening Records



Home



Overview



Add New Health Screening

View Health Screening
Records

Logout

Home / View Health Screening Records

View Health Screening Records

View or complete all health screening records

Health Screening Date

19/08/2022



Status

Completed



OR

IC No / Passport

Filter

Reset

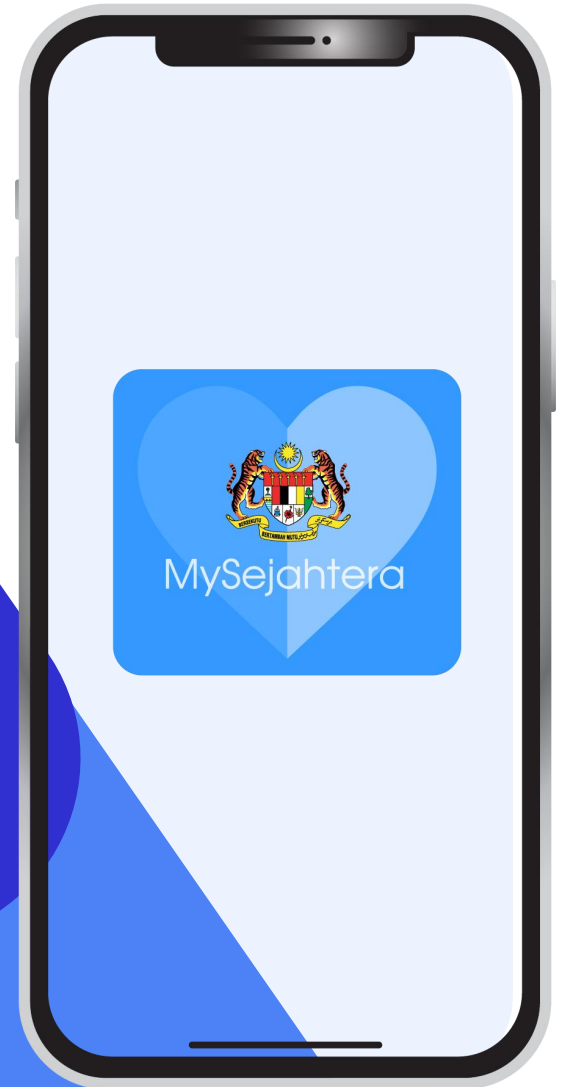
Patient Name	MySJ ID	Start Date	Completion Date	Status	Action
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
User 115	user115@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
User 115	user115@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
User 115	user115@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	View
tu2	tu2@test.com	Jul 15, 2022	Jul 15, 2022	Completed	View

[← First](#) [«](#) **1** [»](#) [Last →](#)

Fill in **Health Screening Date** and **Status** OR **IC/Passport Number**.

Click **Filter**, The list of patient will be shown in the table.

Q&A Session



FREQUENTLY ASKED QUESTIONS

1. How do we onboard a MyVAS account for Health Screening? Can we use our existing MyVAS account?

A: We have enabled the Health Screening function for all healthcare facilities with existing MyVAS account. For health facilities that are new to MyVAS, please fill up the application form via this link <https://tinyurl.com/MYVASONBOARD>

2. Are we using the same account for all health officers in the same healthcare facility?

*A: Yes. As for now, only **ONE (1)** MyVAS account is allowed to be onboarded.*

3. What if we have wrongly submitted a patient's detail?

A: *Kindly email your issues to our Helpdesk at myvashelpdesk@mysejahtera.org*

Please indicate the subject of the email as follows:
NHS : Issue description

The email will be attended within 24hrs.

We will also invite the Person In Charge (PIC) of each private healthcare facility to a WhatsApp group where you are able to track your submitted issues by providing the ticket number.

4. How much time is needed to fill up the necessary details to complete a transaction?

A: *The time needed to fill up all the required variables for each transaction is averaged at 5 to 7 minutes per transaction.*

5. In the event that the users cannot proceed with transaction, what should you do?

A: Make sure that the user has a verified MySejahtera account. Please ensure that all details required are filled in with correct format. You are advised to have a stable internet connection for a seamless transaction.

6. I performed my health screening, not under the National Health Screening Initiative/through the PeKa B40 program. Why do my screening records not appear in my MySejahtera application? Can my health screening records be updated on my MySejahtera account?

A: Currently, at the initial phase, only healthcare facilities using the MyVAS system (provider's portal) can input your records into MySejahtera. In the future, integration processes will enable your health records to be collected and consolidated into MySejahtera. Health screening records under PeKa B40 can be displayed into MySejahtera in the next phase.

Primary Channel:
myvashelpdesk@mysejahtera.org

Operation Hours:

Monday - Sunday

8:00AM - 8:00 PM