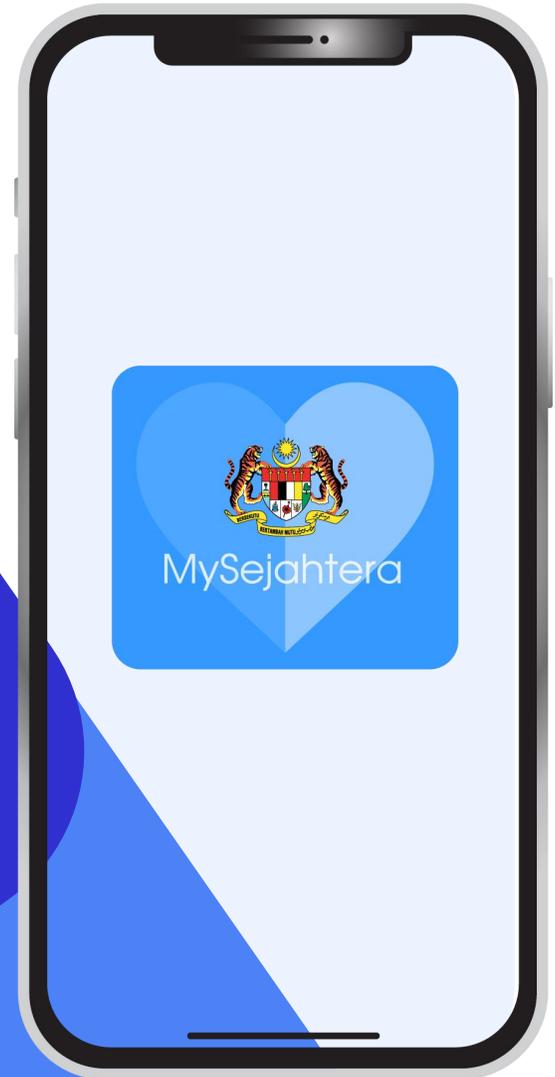


# USER MANUAL

## 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? \*

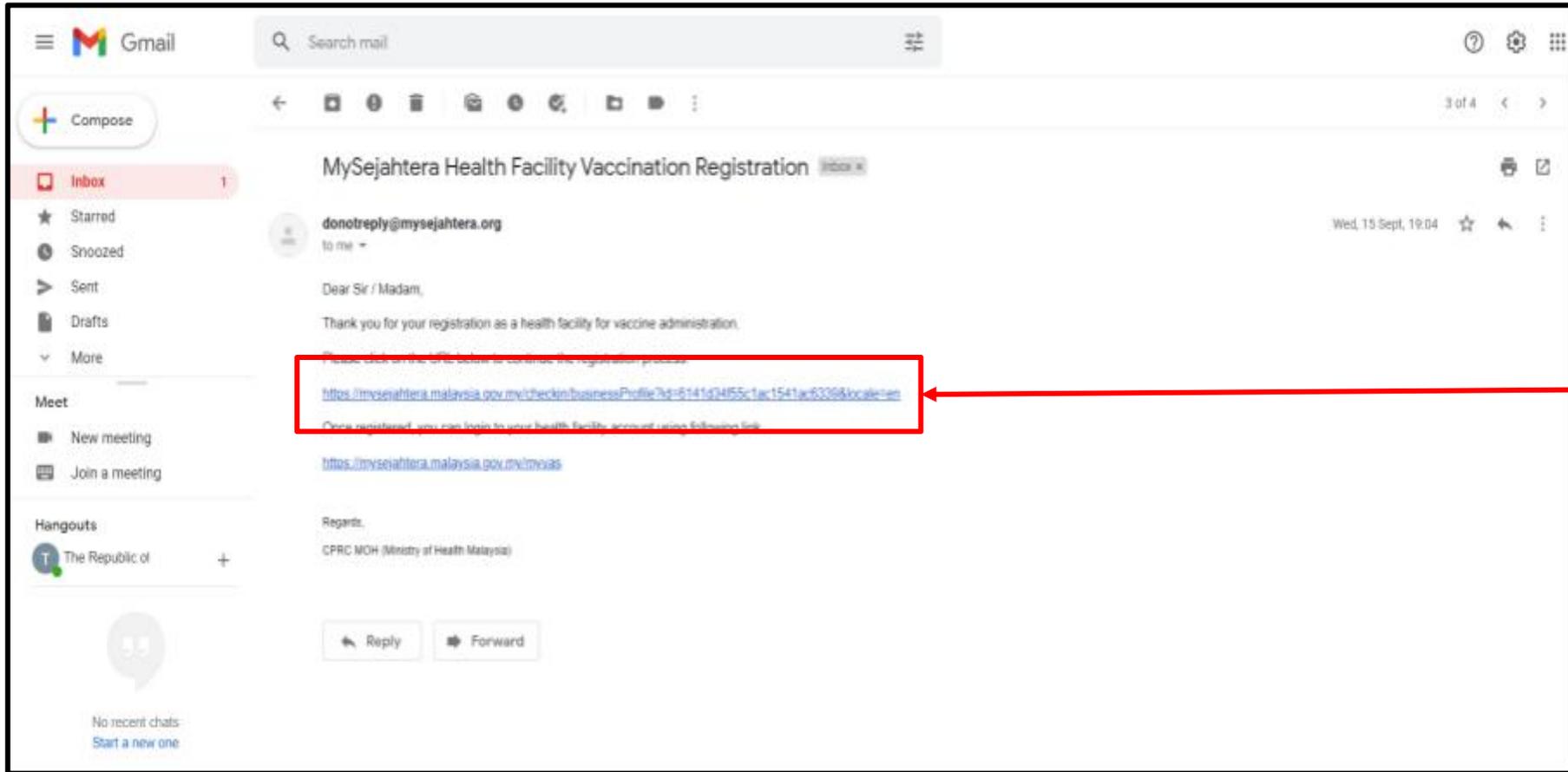
- To enable NHS module in existing MyVAS
- To Create New MyVAS Account for Health Screening
- To Change Login Email

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

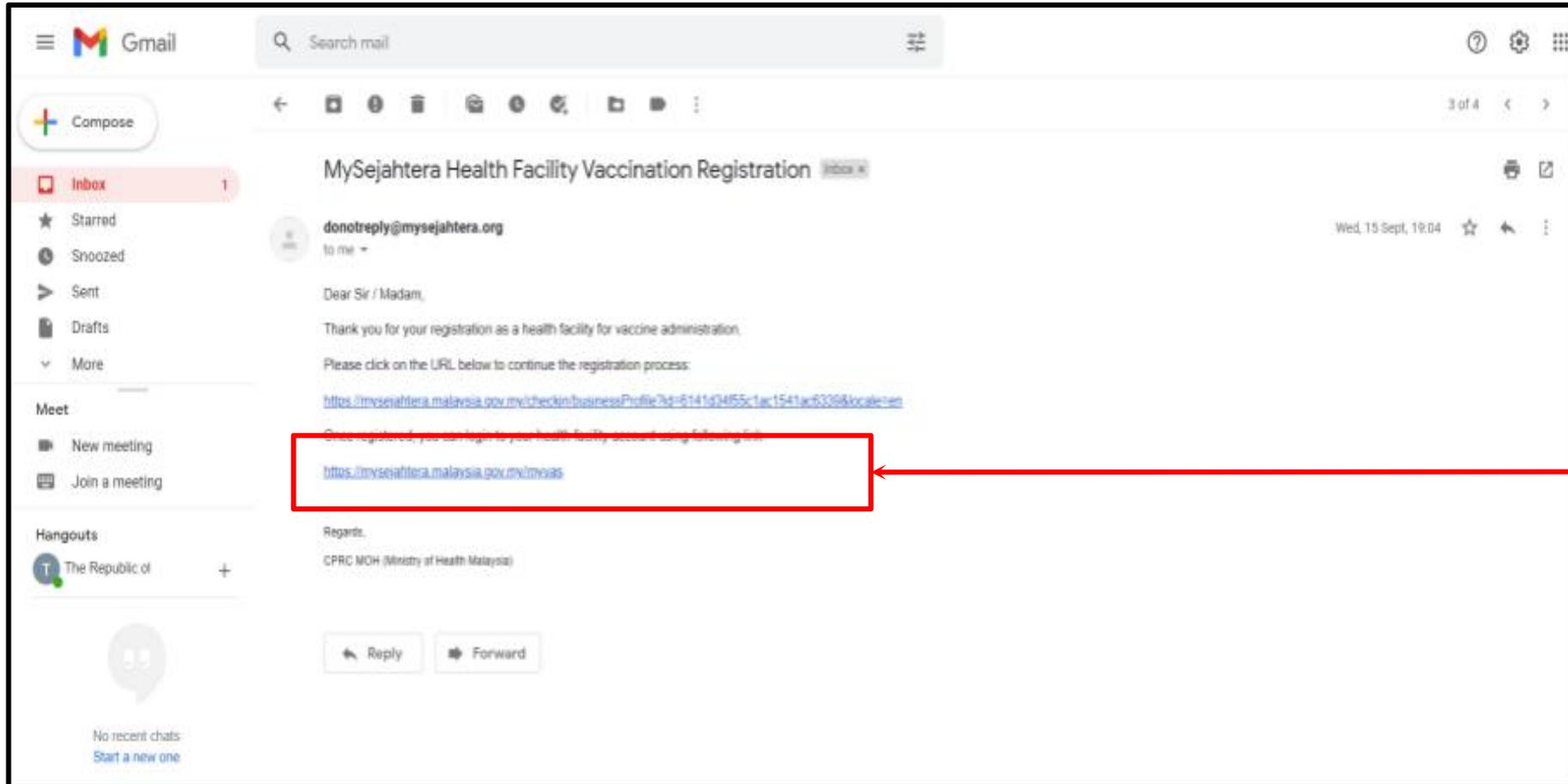
Current Address\*  
Current Address

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\*

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.

Click the **"Login"** button.

OTP verification



**OTP verification**  
Enter the OTP sent to your registered email address.  
ex-1st-002@uat.com

OTP

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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\*

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.

Click the **“Login”** button.

# Password Verification



## Password Verification

Username

Password

[Need Help?](#)

Enter the password.

Click the button  
**“Submit”**.

# **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**

 Settings

 Logout

# 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

#	Name	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**

# Overview

Summary of Facility Activities

Date

dd/mm/yyyy

Show the dashboard status health screening of the desired date.

As of 15-Jul-2022 12:31 PM

To start and continue the health screening process.

[Refresh](#)

All Status

Completed

In Progress

10

7

3

To trace previous health screening records.



Home



Overview



Add New Health Screening



View Health Screening Records



Logout



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.

## Add Health Screening Records

Begin or Continue Patient Health Screening

Search Patient

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

# Add Health Screening Records

Begin or Continue Patient Health Screening

Search Patient

USER115

Search

Register New Patient

## Confirm



Patient Name

User 115

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

Identification Number

USER115

MySJ ID

user115@uat.com

Continue

Start New

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

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



Home



Overview



Add New Health Screening



View Health Screening Records



Logout

**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*	<ul style="list-style-type: none"><li>Not Applicable</li><li>Diabetes Mellitus</li><li><b>Hypertension</b></li><li>Heart disease</li><li><b>Asthma</b></li><li>Cancer</li><li><b>Chronic Lung Disease</b></li><li>Kidney Disease</li><li>Liver Disease</li><li>Stroke</li><li>Immunocompromised</li><li>Obesity</li><li>Bleeding Tendency</li><li>History of Severe Allergic Reaction</li><li>Others</li></ul>

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

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" value="Name"/>
MySejahtera User ID*	<input type="text" value="MySejahtera User ID"/>
Contact Number*	<input type="text" value="Contact Number"/>
Type of Identification*	<input type="text" value="Type of Identification"/>
Identification Number*	<input type="text" value="Identification Number"/>
Gender*	<input type="text" value="Gender"/>
Nationality*	<input type="text" value="Nationality"/>
Date of Birth*	<input type="text" value="15/07/2022"/>
Address*	<input type="text" value="Address"/>
Occupation*	<input type="text" value="Occupation"/>
Ethnicity*	<input type="text" value="Ethnicity"/>
Special Category of Population*	<input type="text" value="Special Category of Population"/>
Industry*	<input type="text" value="Industry"/>
Comorbidities Present*	<input type="text" value="Comorbidities Present"/>

**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	

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: -

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

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"/>	<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"/>	<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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Alcohol Consumption Test Score: 0 Low Risk

Does the patient smoke?  Yes  No

Cigarettes per Day:

Years of Smoking:

Total pack-years: 0

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	Age	30
Identification Number	Gender	Female

### Clinical Parameters

#### Anthropometry

Height	Weight	Waistline
<input type="text"/> cm	<input type="text"/> kg	<input type="text"/> cm

BMI	BMI Outcome
-	-

#### Vital Signs

Blood Pressure(Systolic)	Blood Pressure(Diastolic)	Pulse Rate
<input type="text"/> mm/Hg	<input type="text"/> mm/Hg	<input type="text"/> bpm

Blood Pressure Outcome
-

#### Point of Care Testing

##### Blood Glucose

Random  Fasting

<input type="text"/> mmol/L	Cholesterol
<input type="text"/> mmol/L	<input type="text"/> mmol/L

Blood Glucose Outcome
-

Cholesterol Outcome
-

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

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       Glucose       Nitrite  
 Blood             Protein

Urine FEME

Leucocyte       Urine Ketone       Urine Nitrite  
 Urine Billirubin       Urine Protein       Urine RBC  
 Urine Glucose       Urine Blood

ECG

Normal Sinus Rhythm      Abnormal

Haemoglobin

Level(g/dL)

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	12
Identification Number	USER115	Gender	Female

### Diagnosis

Normal Healthy Individual?

### 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

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)

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

### 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

### Verified By

Doctor's Name

Registration Number

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.

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

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  
Health Facility Address PUTRAJAYA

### Patient Details

Name  
Identification Number  
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%

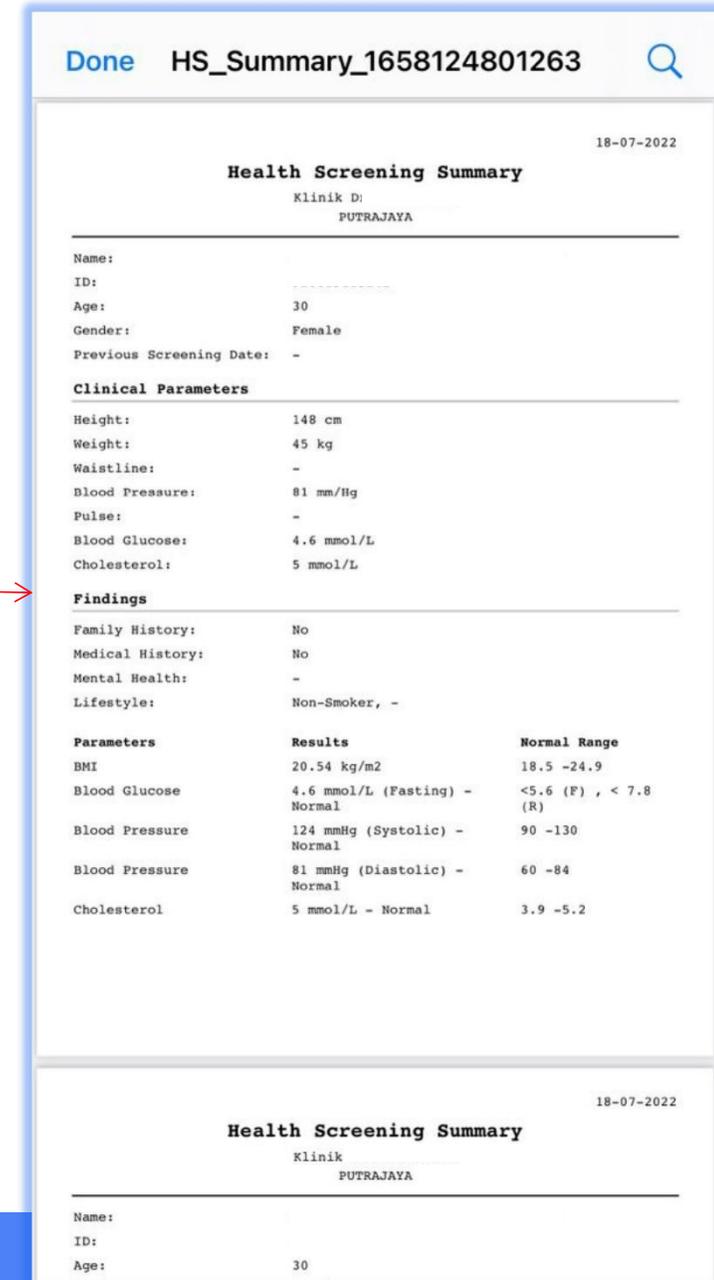
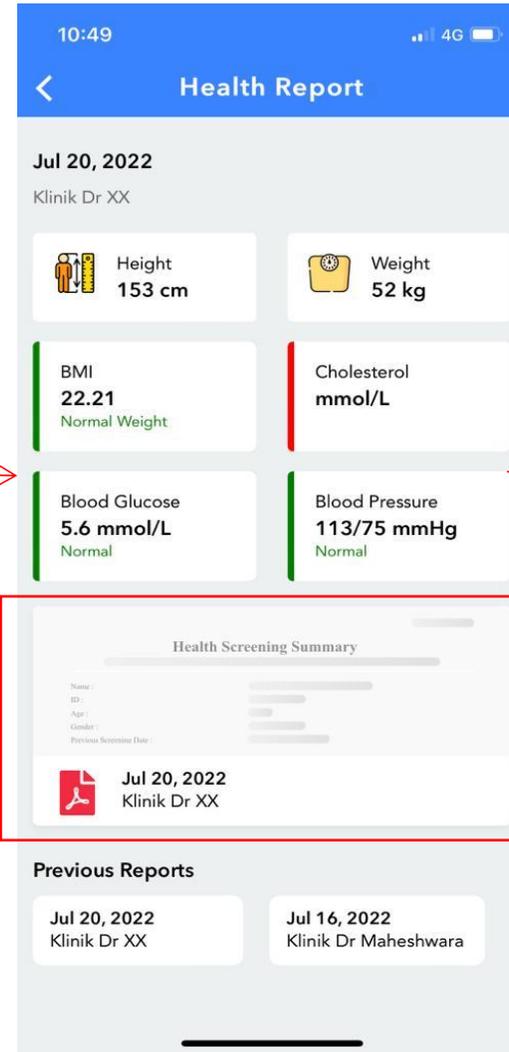
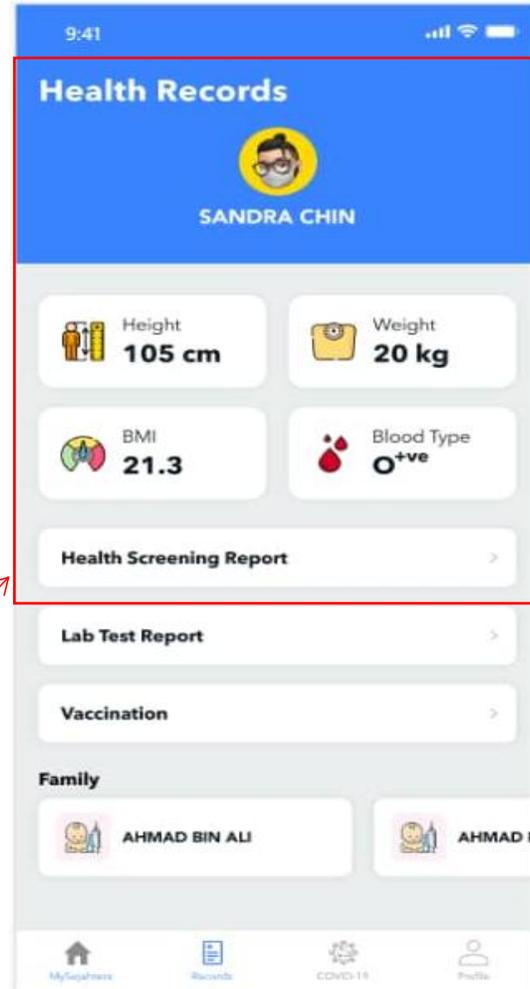
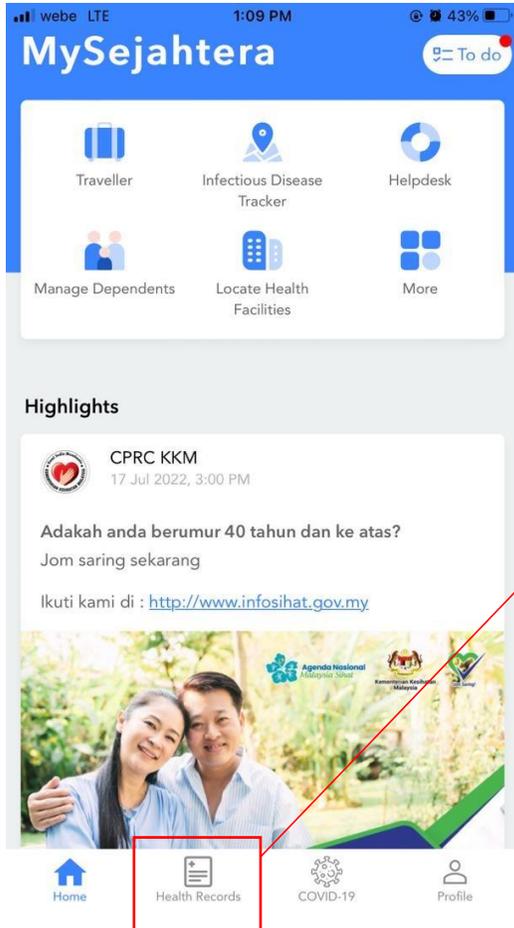
Print

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 / View Health Screening Records

## View Health Screening Records

View or complete all health screening records

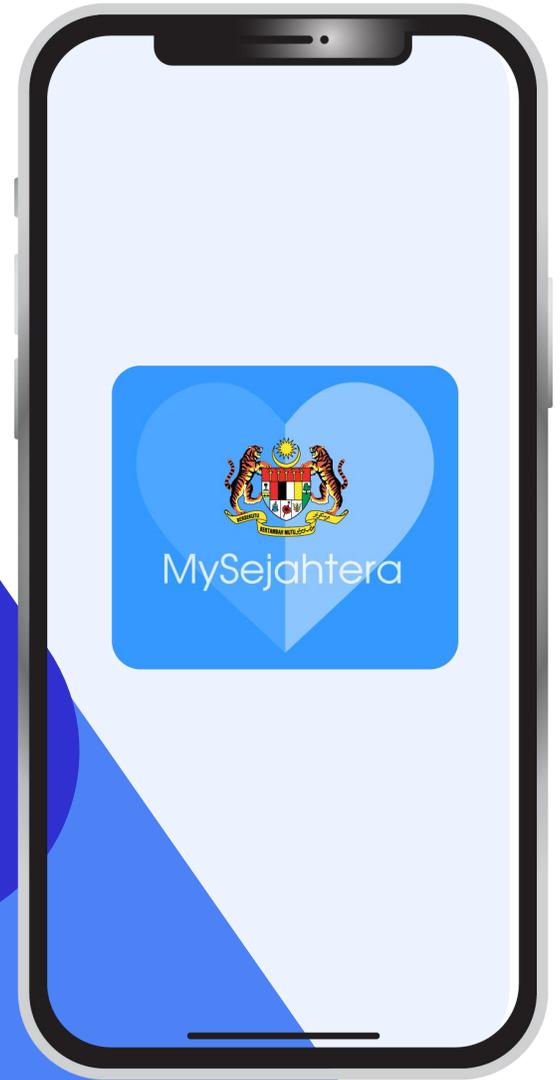
Health Screening Date:   Status:   OR IC No / Passport:

Patient Name	MySJ ID	Start Date	Completion Date	Status	Action
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
Sairam Guru	devtest99@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
User 115	user115@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
User 115	user115@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
User 115	user115@uat.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>
tu2	tu2@test.com	Jul 15, 2022	Jul 15, 2022	Completed	<a href="#">View</a>

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



**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. How will I receive data reports of records that are collected from MyVAS?**

*A: All MyVAS data records will be extracted and distributed daily, and sent via email to all JKN. This data will be an overall data with all the parameters and variables as recorded from the MyVAS system (NHS) where state JKN LOs can further filter into each of their states and districts to distribute accordingly*

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

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

**5. 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.*

**6. 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.*

**7. 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](mailto:myvashelpdesk@mysejahtera.org)

Please put "NHS Inquiries: (Subject)" as the Subject headers for the outbound mails to the mentioned channel above.

**Operation Hours:**

Monday - Sunday

8:00AM - 8:00 PM