

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Document Code: HSAAS/PAED/BR192
	DISCHARGE DECLARATION FORM

Name : _____ **D.O.B :** _____

MRN : _____ **D.O.A :** _____

Diagnosis : _____

Gender : Male/female/indeterminate

Baby allowed discharge from Hospital Sultan Abdul Aziz Shah (HSAAS)

Date: _____ Time: _____

Mother/Father/Guardian Information

Name : _____

IC No./ Passport No. : _____

I hereby declare that the information provided is true and correct. I will bring my baby male/female/indeterminate discharge to home.

Mother/Guardian signature

Father/Guardian signature (If mother not around)

Name:

IC No. / Passport No:

	NAME/ SIGNATURE	
RELEASE BY NICU STAFF: AM/PM		
RELEASE BY 1 ST SECURITY GUARD AT NICU AM/PM	SECURITY GUARD	WARD STAFF
RELEASE BY 2 ND SECURITY GUARD AT RIGHT BLOCK ENTRANCE LOBBY (OGAC) AM/PM		