

MESAS2U Online Booking User Guide

For Clinic Staff

Prepared by

MESAS Sdn. Bhd.



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Introduction

System Overview

The MESAS2U is an online platform that supports the end-to-end medical assessment process for Public Service Vehicle (PSV) drivers. The system enables applicants to book appointments online and allows clinics to receive bookings, conduct medical examinations, and submit the results electronically.

Purposed of This Guide

This user guide provides step-by-step instructions for Clinic Staff to access and use the MESAS2U System. It focuses on managing PSV online submissions, completing medical examination workflows, and tracking application statuses.

Scope

This guide applies to Clinic Staff who are responsible for reviewing, completing, and certifying medical examinations for PSV applicants through the MESAS2U

Intended Audience

- Clinic Doctors
- Clinic Nurses
- Authorized Clinic Administrative Staff

Acronyms and Abbreviations

Acronym	Description
MOT	Ministry of Transport
PSV	Public Service Vehicle
OSA	Obstructive Sleep Apnea
JPJ	Jabatan Pengangkutan Jalan

Disclaimer

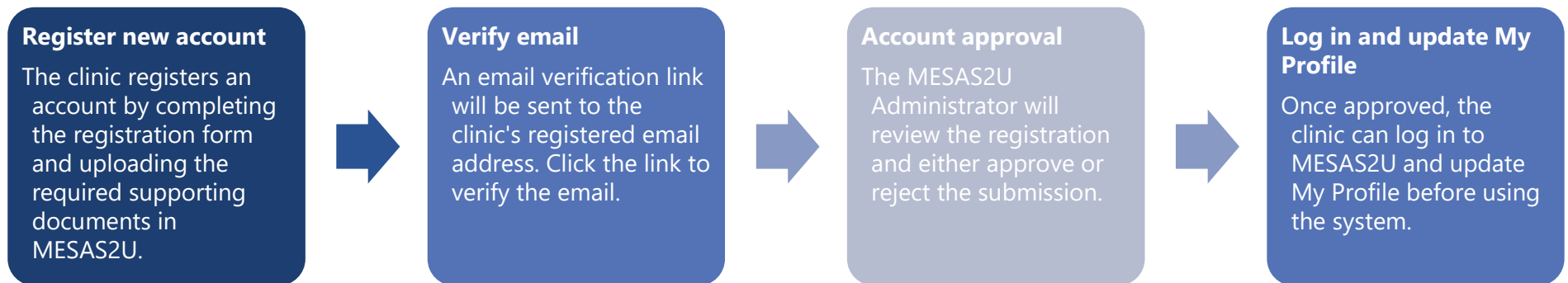
All usernames, names, email addresses, identification numbers, screenshots, and any other information presented in this user guide are used strictly for guidance and illustration purposes only. They do not refer to, represent, or identify any real individual, organization, or entity.

Some screenshots in this document may differ from the actual system screens, as system development and enhancements are still in progress.

Registration

To start using MESAS2U Online Booking, the clinic must be registered first. Below is the registration process flow summary.

Registration Process Flow Summary



Register New Clinic Account

1. Open a web browser and go to the following URL:
https://mesas2u.com/jw/web/userview/psv_app/psv_demo/_createAccount
2. Fill in all required information in the registration form, including uploading the required supporting documents.
3. Apply the digital signature of the Person In-Charge.

Clinic Details

Basic Information

Email (Unique for each clinic) *

Password *

Confirm Password *

Clinic Name *

Company Name

Clinic Registration No (CKAPS) *

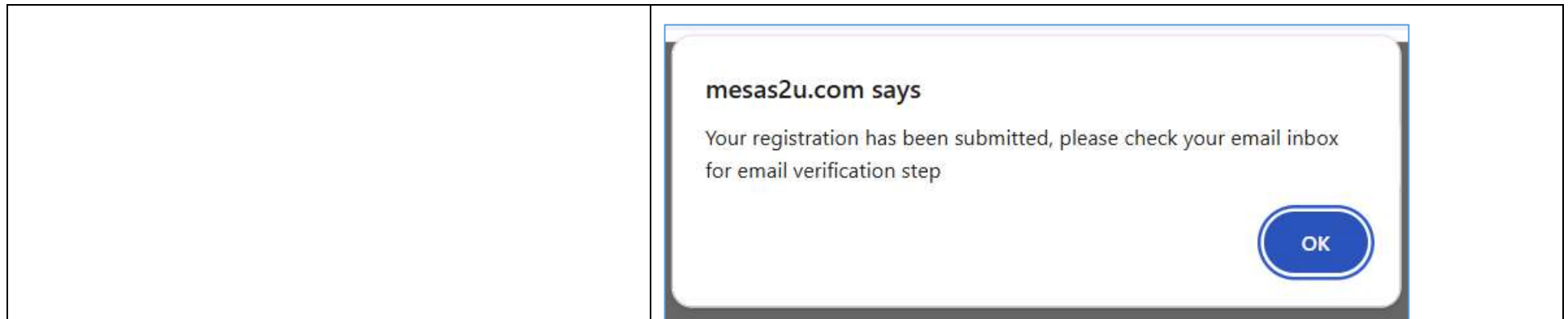
Fax

Signature of Person in Charge *



Clear

	Document Upload Certificate of registration to operate private medical clinic (Borang B or Borang F) Drop files here or click to upload. MMC full registration certificate of person-in-charge Drop files here or click to upload. Current annual practising certificate (APC) of person-in-charge (APC 2019) Drop files here or click to upload.
4. Review and agree to the Terms of Service and Privacy Policy.	Acceptance of Terms of Service, Privacy Policy I confirm that the following facilities are available in the clinic computer, telephone, internet, printer, scanner, and fax machine. I confirm ☐ I declare that the information I have given on this form is true and complete and that I have not been convicted or found guilty of any criminal offence in any country. I declare ☐ I accept and agree to be bound by the Mesas2u Terms of Service and Privacy Policy. I agree ☐
5. Enter the system-generated verification code, then click Register Clinic Account to submit the registration. IMPORTANT NOTE: ✓ Please ensure that the email address entered is valid and accessible, as a verification email will be sent to this address.	Please enter the verification code shown in the box onto the green line below 22gg8 22gg8 REGISTER CLINIC ACCOUNT



Verify Email Address

1. Open your email inbox and look for the verification email sent by MESAS2U. 2. Click the verification link provided in the email to complete the email verification process.	Mesas2u - Please Verify Your Email Address no-reply@mesas2u.com Wed, Jan 7, 2026 4:46 PM (a day ago) Please verify your email address by clicking the link below: Verify your email address. Thank you MESAS2U This is an automatically generated email response. Please do not reply.
---	---

3. A verification success message will be displayed once the process is completed.

MESAS2U REGISTRATION

Verification Success

Your Application to Mesas2u has been received and is now pending approval.

An email with the Mesas2u link will be sent to you once your application has been approved.

Account Approval Email

1. Once the MESAS2U Administrator has completed the review process, you will receive an email notification from MESAS2U.
2. If your account is approved, you may proceed to log in to the system. If your account is rejected, follow the instructions in the email to update and resubmit your registration.

Mesas2u Registration Approved

help@mesas2u.com

Wed, Jan 7, 2026 4:48 PM (a day ago)

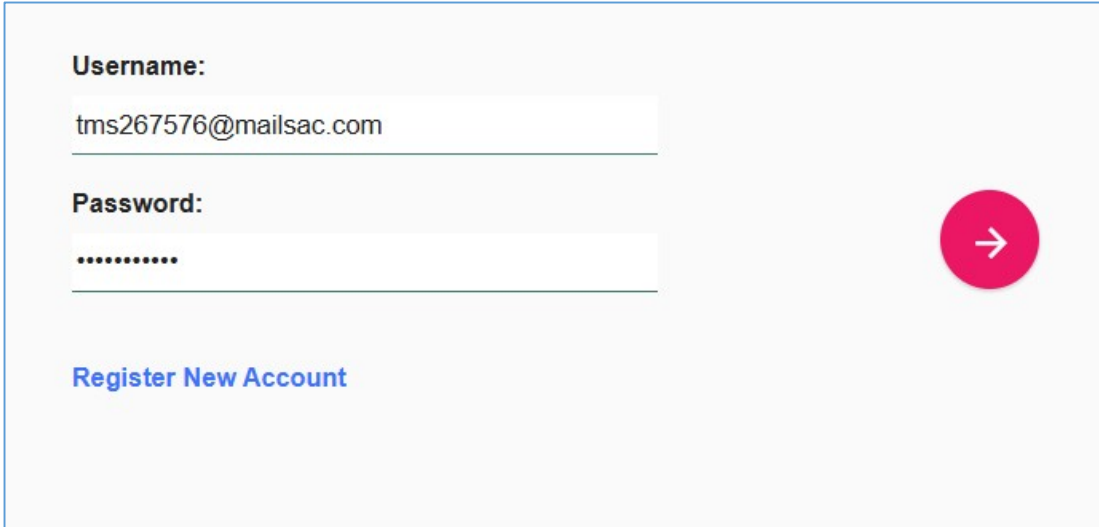
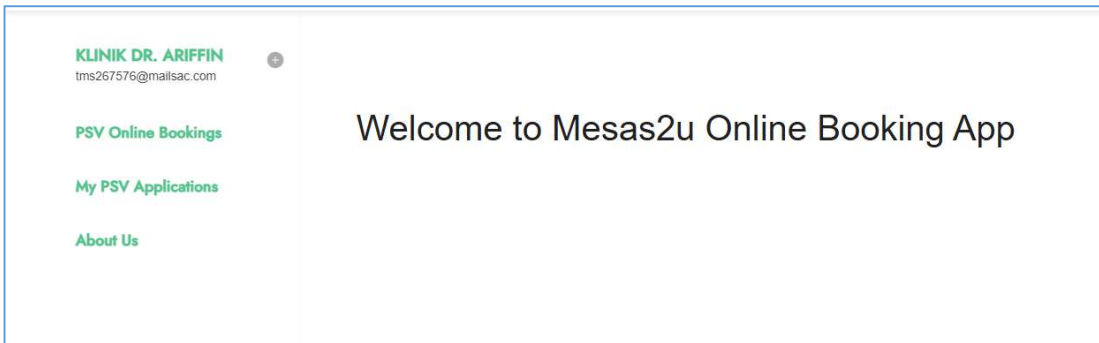
Your Application to Mesas2u has been approved, You can login to the application **here**

Thank you
MESAS2U

This is an automatically generated email response. Please do not reply.

System Access

Login to the MESAS2U

1. Open a web browser and navigate to https://mesas2u.com/jw/web/ulogin/psv_app/psv_demo/ 2. Enter your Username (email address during registration) and Password. 3. Press Enter or click the arrow icon to proceed.	 The screenshot shows a login interface with two input fields: 'Username:' containing 'tms267576@mailsac.com' and 'Password:' containing masked characters. A red circular button with a white right-pointing arrow is positioned to the right of the password field. Below the fields is a blue link that says 'Register New Account'.
4. Upon successful login, a welcome message will be displayed. The system layout consists of: • Left panel: Contains the navigation menu for accessing My Profile, Logout, and other system modules. • Right panel: Shows the listings or forms for the record you have selected.	 The screenshot shows the post-login dashboard. On the left is a navigation menu with the user's name 'KLINIK DR. ARIFFIN' and email 'tms267576@mailsac.com' at the top, followed by links for 'PSV Online Bookings', 'My PSV Applications', and 'About Us'. The main area on the right displays the text 'Welcome to Mesas2u Online Booking App'.

My Profile

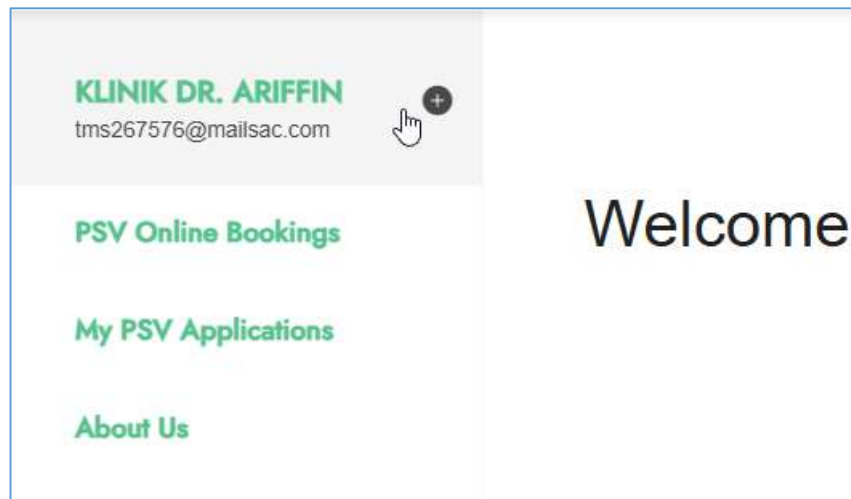
The My Profile page is used to update your clinic information, including:

- Doctors In-Charge
- Doctor's Profile Picture
- Clinic Information
- Services/Specialty Offered
- Clinic Operating Days & Times
- Public Holiday Settings

IMPORTANT NOTE:

- ✓ Please update the My Profile before using the system. This ensures that applicants can find your clinic in MESAS2U Online Booking and book appointments according to your clinic's operating days and times.

1. From the left panel, click your profile name to expand the menu.



2. Then, click My Profile from the menu.

KLINIK DR. ARIFFIN
tms267576@mailsac.com

My Profile

Logout

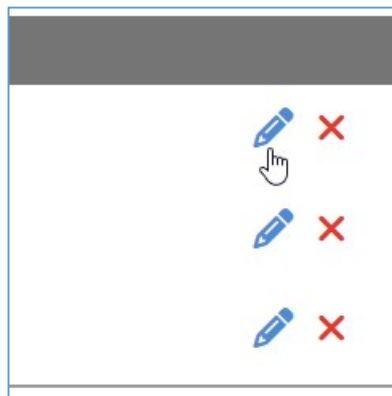
PSV Online Bookings

3. Complete the My Profile page, making sure to fill in the Clinic Operating Days & Times.
4. Click the (+) icon to add rows in sections that allow multiple entries or settings.

Clinic Operating Day & Time

Day	Start Time	End Time
Sunday	08:00	12:00
Monday	08:00	20:00
Tuesday	10:00	18:00
+		

5. To edit an entry, click the pencil icon.
6. To delete an entry, click the delete (X) icon.



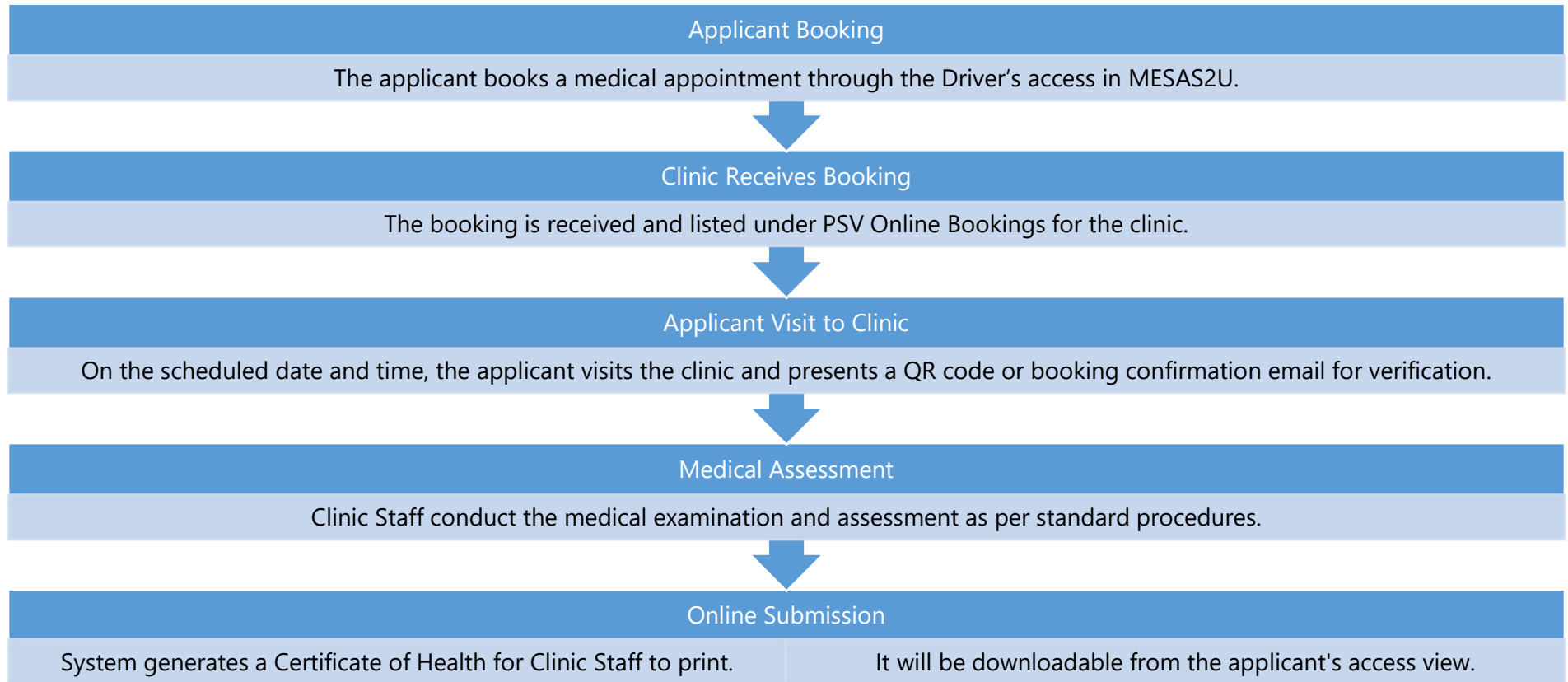
IMPORTANT NOTE:

- ✓ After updating your profile, click Save to ensure your information is properly saved and reflected in MESAS2U Online Booking for applicants.


 A screenshot of a profile update form. It contains three input fields: 'Lunch Start Time' with the value '12:00', 'Lunch End Time' with the value '13:00', and 'Have dinner time?' with an unchecked checkbox. Below these fields is a red 'SAVE' button with a mouse cursor hovering over it.

Bookings and Assessment

Bookings and Assessment Process Flow Summary



Note:

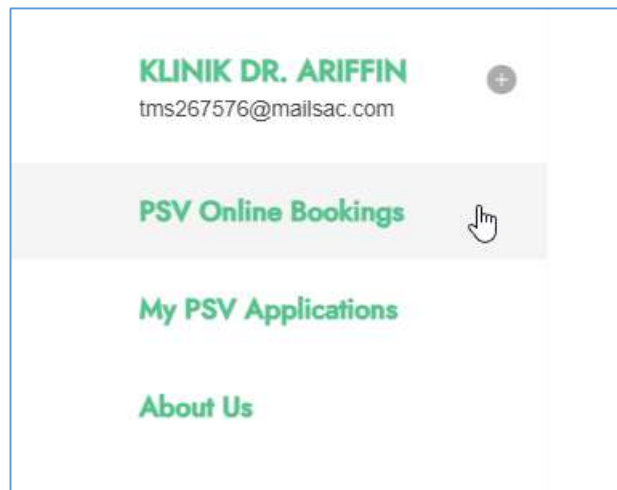
- The above process flow is for the testing phase only. In future, the certificate will be submitted electronically to JPJ through the system.

PSV Online Bookings Listing

The PSV Online Bookings page displays all appointments booked by applicants for the clinic. Clinic Staff can view:

- Booking ID
- Applicant information
- Appointment date and time
- Application status
- Apply for PSV or Complete PSV Application

1. Click the PSV Online Bookings menu from the navigation panel.



2. The PSV Online Bookings listing will be displayed. From this listing, Clinic Staff can:
- Filter the listing based on available criteria.
 - Apply for PSV of an applicant.
 - Complete PSV Applications that are saved as draft.

PSV Online Bookings

10
Booking ID
Name
ID No.
Email
Booking Date From
To

Application Status
SHOW

	BOOKING ID	NAME	ID NO.	MOBILE NO.	EMAIL	BOOKING DATE	APPLICATION STATUS	ACTION
☐	PSVO-000103	Ikhwan Roslan bin Firdaus Rahim	620903107505	0148184791	tms543170@mailsac.com	05-01-2026 05:07 PM		Apply for PSV
☐	PSVO-000101	Shahrul Nizam bin Aiman Fadhl	761222114107	0176390759	mpsitest1@hilman.anonaddy.com	22-12-2025 11:50 AM	Pending Completion	Complete PSV Application

Apply for PSV

On the appointment date, the applicant must present either:

- The QR code, or
- The confirmation email received during booking

Clinic Staff should verify the booking details in the PSV Online Bookings listing before proceeding with the medical assessment.

The application form in the system includes the following sections:

- **Applicant's Information**
- **Medical History**
- **Medical Examination (Part 1)**
- **Obstructive Sleep Apnea (OSA)**
- **Pictorial Epworth Sleepiness Scale**
- **Medical Examination (Part 2)**
- **Certification of Fitness**
- **Submission Review**

1. From the PSV Online Bookings listing, click the Apply for PSV link.
2. The PSV application form will be opened.

BOOKING DATE	APPLICATION STATUS	ACTION
05-01-2026 05:07 PM		Apply for PSV

Applicant's Information

3. This section displays the applicant's personal details submitted during the booking process.
4. Clinic Staff should:
 - Review the information for accuracy
 - Confirm the applicant's identity
 - Proceed to the next section if details are correct

KLINIK DR. ARIFFIN
tms267576@mailsac.com

[PSV Online Bookings](#)
[My PSV Applications](#)
[About Us](#)

Application ID: AUTO

A. JENIS PERMOHONAN / TYPE OF APPLICATION: * 02 - Permohonan Lesen Baharu (KENDERAAN PERKHIDMATAN AWAM)

KELAS LESEN DIPOHON / LICENSE CLASS APPLIED: * D

B. BUTIR-BUTIR PEMOHON / APPLICANT'S INFORMATION

Nama Pemohon / Applicant's Name: * Ikhwan Roslan bin Firdaus Rahim

No. Kad Pengenalan / NRIC No.: * 620903107505

D. PENGAKUAN PEMOHON / DECLARATION BY THE APPLICANT

Saya mengaku bahawa semua maklumat yang diberikan di atas adalah benar.
I hereby declare that I have considered the above information and believe it to be complete and true.

Saya mengaku / I declare



Tarikh / Date:

06/01/2026

CANCEL

NEXT - MEDICAL HISTORY

Medical History

- Review the medical history questions and the applicant's answers. Update or correct the information if needed based on your assessment.
- When done, click Next to continue to the next section.

E. SEJARAH KESIHATAN / MEDICAL HISTORY

Pemohon dikehendaki menjawab semua soalan.
Applicant must answer all questions.

1. Adakah anda mempunyai masalah penglihatan / sebarang penyakit mata / pernah menjalani pembedahan mata?
Do you have any problems with your vision / any eye diseases / had any surgery to the eyes?

☐ Ya / Yes

☒ Tidak / No

2. Adakah anda mempunyai masalah pendengaran / pernah mengalami penyakit atau kecederaan pada telinga?
Do you have any hearing problems / have you ever had any diseases or injuries to your ears?

☐ Ya / Yes

☐ Tidak / No

examining doctor to communicate with any medical practitioner treating me as well as with the Road Transport Department; in matters that application for a vocational license. I will abide by the findings and the results of this medical examination.

☒ Saya isytihar / I declare

Name Pemohon:
Applicant's Name:

Ikhwan Roslan bin Firdaus Rahim

No. Kad Pengenalan Pemohon:
Applicant's NRIC No.:

620903107505

Tarikh:
Date:

* 01/05/2026

PREVIOUS - APPLICANT'S INFORMATION

NEXT - MEDICAL EXAMINATION (PART 1)

Medical Examination (Part 1)

7. Record the required examination details based on your clinical assessment.
8. Ensure all required information is completed, then click Next to proceed.

G. PEMERIKSAAN PERUBATAN (untuk dilengkapkan oleh pengamal perubatan yang memeriksa pemohon) MEDICAL EXAMINATION (to be completed by the medical practitioner)

Berat Badan / Weight (kg):

* 75

Tinggi / Height (cm):

* 180

BMI / BMI (kg/m²):

23.1

Tarikh pemeriksaan dijalankan / Date of examination: *

06/01/2026

Tekanan darah / Blood pressure:

Sistolik / Systolic (mmHg):

120

	Permohonan tidak diluluskan jika pemohon tidak dapat mendengar bisikan. Application not approved if the applicant is unable to hear whisper. Telinga kanan <i>Right ear</i> ☐ Ya / Yes ☒ Tidak / No Telinga kiri <i>Left ear</i> ☐ Ya / Yes ☒ Tidak / No PREVIOUS - MEDICAL HISTORY NEXT - OSA
Obstructive Sleep Apnea (OSA) 9. Review and complete the OSA assessment questions based on the applicant's responses. 10. After completing the assessment, click Next to continue.	SARINGAN SINDROM KESEKATAN PERNAFASAN TIDUR BERDENGKUR (OSA) <i>Snoring / berdengkur</i> <i>Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?</i> Adakah anda berdengkur dengan kuat (kuat dari bercakap atau cukup kuat untuk didengari dengan pintu bilik ditutup)? ☐ Yes / Ya ☒ No / Tidak <i>Tired / Penat</i> <i>Do you often feel tired, fatigued, or sleepy during daytime?</i> Adakah anda kerap penat, lemah atau letih di siang hari? ☐ Yes / Ya ☒ No / Tidak <i>High risk of OSA: answering Yes to three or more items</i> <i>Low risk of OSA: answering Yes to less than three items</i> TOTAL SCORE / JUMLAH MARKAH: 2 RESULT / KEPUTUSAN: ☐ High Risk / Berisiko tinggi ☒ Low Risk / Kurang berisiko PREVIOUS - MEDICAL EXAMINATION (PART 1) NEXT - PICTORIAL EPWORTH SLEEPINESS SCALE

Pictorial Epworth Sleepiness Scale

11. Guide the applicant through the pictorial sleepiness scale and select the appropriate answers.
12. Confirm the score is correct, then click Next to proceed.

Pictorial Epworth Sleepiness Scale

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, try to work out how they would affect you.

Use the following scale to choose the most appropriate number for each situation.

Sitting and reading

☒ No chance of dozing

☐ Slight chance



☐ Moderate chance

☐ Definitely would doze



Epworth Sleepiness Scale:

2

0-9 : NORMAL

10-13 : MILD

14-19 : MODERATE

20-23 : SEVERE

PREVIOUS - OSA

NEXT - MEDICAL EXAMINATION (PART 2)



Medical Examination (Part 2)

13. Complete the remaining examination questionnaires.
14. Once completed, click Next to continue.

Seksyen 3: Neurologi dan Muskuloskeletal

Section 3: Neurology and Musculoskeletal

Pernah mengalami serangan epilepsi dalam 10 tahun kebelakangan ini?
Had any epilepsy attack in the past 10 years?

☐ Ya / Yes

☒ Tidak / No

Mempunyai sejarah / tanda / gejala untuk masalah seperti tersenarai di bawah:
Having history / signs / symptoms for conditions listed below:

Serangan pening / vertigo dalam 6 bulan lepas?
Dizziness / vertigo in the past 6 months?

H. UJIAN MAKMAL (Untuk dilengkapkan oleh pengamal perubatan yang memeriksa pemohon) LABORATORY TESTS (to be completed by the medical practitioner)

Ujian darah untuk Diabetes Mellitus
Blood test for Diabetes Mellitus

HbA1c (mmol / L):

6.5

PREVIOUS - PICTORIAL EPWORTH SLEEPINESS SCALE

NEXT - CERTIFICATION OF FITNESS

Certification of Fitness

15. Based on the medical assessment, select the appropriate fitness outcome for the applicant.
16. Enter the Diagnosis, Remarks, Medical Practitioner details, and complete the digital signature.
17. When finished, click Next to proceed to Submission Review.

I. PENGESAHAN KELAYAKAN (untuk dilengkapkan oleh pengamal perubatan yang memeriksa pemohon) CERTIFICATION OF FITNESS (to be completed by the attending medical practitioner)

Saya dengan ini mengesahkan bahawa saya telah memeriksa pemohon
I hereby declare that I have examined applicant

Nama Pemohon / Name of applicant: Ikhwan Roslan bin Firdaus Rahim

NRIC: 620903107505

dan mendapati pemohon ini adalah:
and certify he / she:

- ☒ Layak untuk memohon lesen memandu vokasional / Fit to apply for vocational driving license
 ☐ Tidak layak untuk memohon lesen memandu vokasional / Unfit to apply for vocational driving license
- ☐ Tidak layak untuk memohon lesen memandu vokasional untuk sementara / Temporarily unfit to apply for vocational driving license

Payment being Charged:

No. Resit:
Receipt No.:

R-PSVO-000106

Tarikh:
Date:

19-01-2026

PREVIOUS - MEDICAL EXAMINATION (PART 2)

NEXT - SUBMISSION REVIEW

Submission Review

18. Review all information entered in the previous sections.

IMPORTANT NOTES:

- ✓ If any changes are needed, go back to the relevant section and update the information. Then click Next to save your changes and continue.
- ✓ If you leave or exit the form without completing it, the record will be saved as a Draft (Pending Completion).

19. When everything is accurate, click Submit to complete the process.

Nama Pengamal Perubatan:
Medical Practitioner Name:

* Razlan Hamidi bin Haris Izzuddin

No. Pendaftaran Penuh:
Full Registration Number:

770107108791

No. Pendaftaran Klinik:
Clinic Registration No.:

20260107105530

Bayaran yang dikenakan:
Payment being Charged:

80.00

No. Resit:
Receipt No.:

R-PSVO-000106

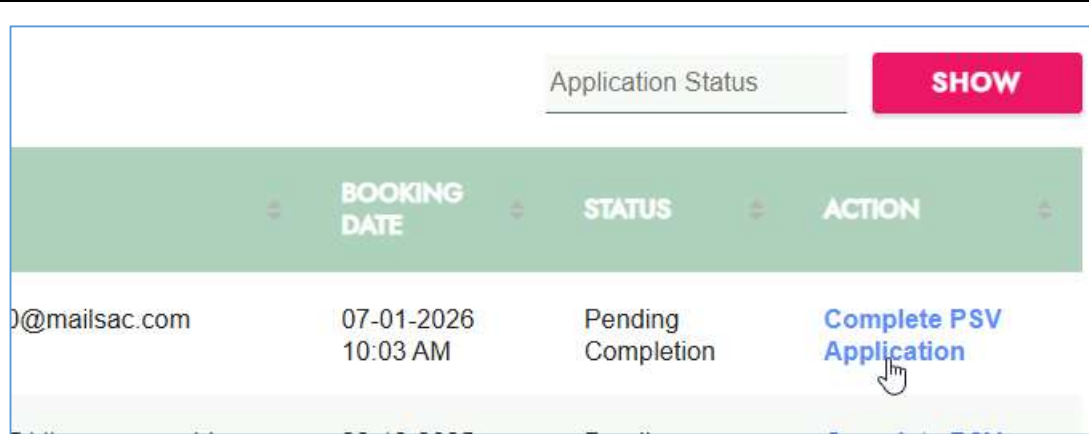
Tarikh:
Date:

19-01-2026

SUBMIT

Complete PSV Application

The Complete PSV Application action opens a saved draft record, allowing Clinic Staff to continue and complete the assessment in the system.

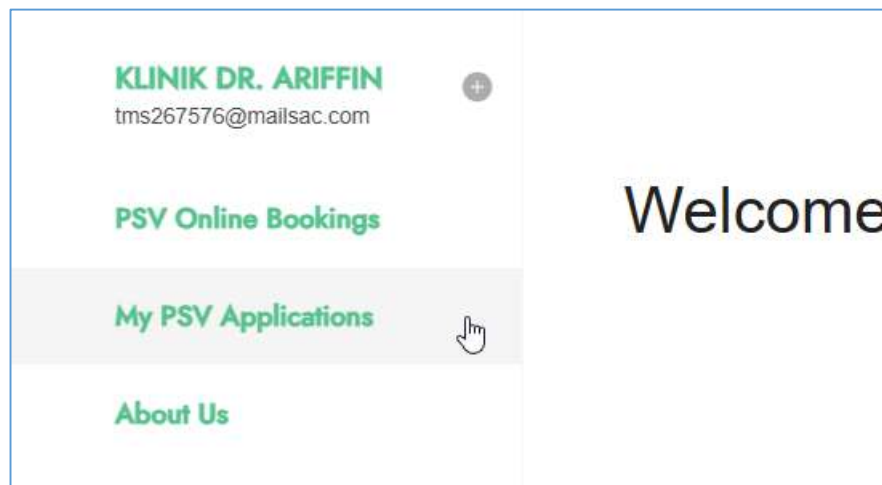
- From the PSV Online Bookings listing, locate a record with the Pending Completion status. - Click the Complete PSV Application link to open the draft and continue the assessment.	
You can refer to the Apply for PSV section for instructions on completing the assessment and submitting the form.	

	D. PENGAKUAN PEMOHON / DECLARATION BY THE APPLICANT	
	Saya mengaku bahawa semua maklumat yang diberikan di atas adalah benar. <i>I hereby declare that I have considered the above information and believe it to be complete and true.</i>	
	Saya mengaku / I declare	☒
	Tarikh / Date:	07/01/2026
		CANCEL NEXT - MEDICAL HISTORY

My PSV Applications

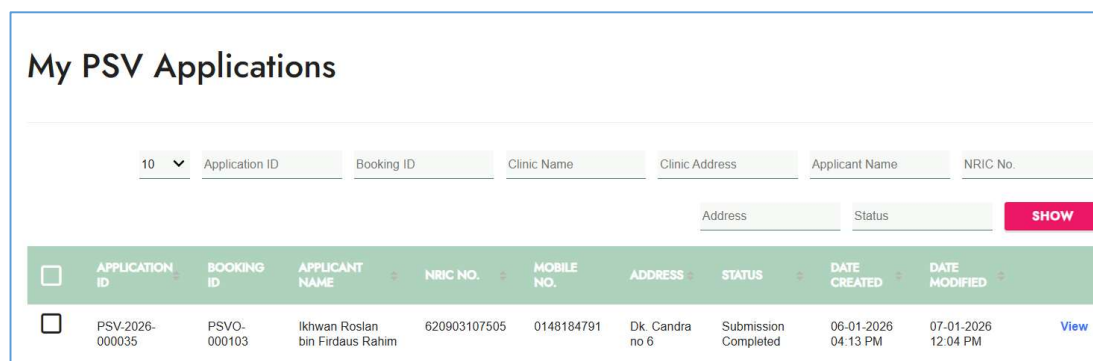
The My PSV Applications listing allows Clinic Staff to view all completed PSV submissions handled by the clinic.

1. From the navigation menu, click My PSV Applications.



2. The My PSV Applications listing will be displayed.
From this listing, Clinic Staff can:

- Filter the list using the available criteria.
- View application records, including all information entered during the medical assessment.



3. Click the View link to open the record.

	STATUS	DATE CREATED	DATE MODIFIED	
a	Submission Completed	06-01-2026 04:13 PM	07-01-2026 12:04 PM	View 

4. The record will be displayed on a single page. Scroll down or up to view the information.

PEMERIKSAAN KESIHATAN PERMOHONAN LESEN VOKASIONAL

Application ID: PSV-2026-000035

A. JENIS PERMOHONAN / TYPE OF APPLICATION: * 02 - Permohonan Lesen Baharu (KENDERAAN PERKHIDMATAN AWAM)

KELAS LESEN DIPOHON / LICENSE CLASS APPLIED: * D

B. BUTIR-BUTIR PEMOHON / APPLICANT'S INFORMATION

Nama Pemohon / Applicant's Name: * Ikhwan Roslan bin Firdaus Rahim

No. Kad Pengenalan / NRIC No.: * 620903107505

	I. PENGESAHAN KELAYAKAN (untuk dilengkapi oleh pengamal perubatan yang memeriksa pemohon) CERTIFICATION OF FITNESS (to be completed by the attending medical practitioner) Saya dengan ini mengesahkan bahawa saya telah memeriksa pemohon <i>I hereby declare that I have examined applicant</i> Nama Pemohon / Name of applicant: Ikhwan Roslan bin Firdaus Rahim NRIC: 620903107505 dan mendapati pemohon ini adalah: <i>and certify he / she:</i> ☒ Layak untuk memohon lesen memandu vokasional / Fit to apply for vocational driving license ☐ Tidak layak untuk memohon lesen memandu vokasional / Unfit to apply for vocational driving license ☐ Tidak layak untuk memohon lesen memandu vokasional untuk sementara / Temporarily unfit to apply for vocational driving license												
5. At the bottom of the page, click Back to return to the My PSV Applications listing.	<table border="1"> <tr> <td>Nama Pengamal Perubatan: <i>Medical Practitioner Name:</i></td> <td>* Razlan Hamidi bin Haris Izzuddin</td> </tr> <tr> <td>No. Pendaftaran Penuh: <i>Full Registration Number:</i></td> <td>770107108791</td> </tr> <tr> <td>No. Pendaftaran Klinik: <i>Clinic Registration No.:</i></td> <td>20260107105530</td> </tr> <tr> <td>Bayaran yang dikenakan: <i>Payment being Charged:</i></td> <td>80.00</td> </tr> <tr> <td>No. Resit: <i>Receipt No.:</i></td> <td>R-PSVO-000103</td> </tr> <tr> <td>Tarikh: <i>Date:</i></td> <td>19-01-2026</td> </tr> </table> BACK	Nama Pengamal Perubatan: <i>Medical Practitioner Name:</i>	* Razlan Hamidi bin Haris Izzuddin	No. Pendaftaran Penuh: <i>Full Registration Number:</i>	770107108791	No. Pendaftaran Klinik: <i>Clinic Registration No.:</i>	20260107105530	Bayaran yang dikenakan: <i>Payment being Charged:</i>	80.00	No. Resit: <i>Receipt No.:</i>	R-PSVO-000103	Tarikh: <i>Date:</i>	19-01-2026
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Bayaran yang dikenakan: <i>Payment being Charged:</i>	80.00												
No. Resit: <i>Receipt No.:</i>	R-PSVO-000103												
Tarikh: <i>Date:</i>	19-01-2026												