



BORANG PENGISYTIHARAN KESIHATAN / HEALTH DECLARATION FORM

- 1. Adakah anda mengalami gejala-gejala berikut? Do you have these symptoms? a) Demam / Fever Ya / Yes Tidak / No b) Batuk / Cough Ya / Yes Tidak / No c) Selsema / Flu Ya / Yes Tidak / No d) Sesak nafas / Difficulty in breathing Ya / Yes Tidak / No 2. Adakah anda pernah disahkan positif COVID-19? Have you being declared as a positive COVID-19? Ya / Yes Tidak / No 3. Adakah anda mempunyai kontak rapat dengan mereka yang disahkan POSITIF COVID-19? Do you have history of close contact with anyone who has been Diagnosed as COVID19 POSITIVE? Ya / Yes Tidak / No 4. Adakah anda mempunyai sejarah perjalanan ke luar negara dalam tempoh 14 hari yang lepas? Do you have history of travelling to overseas for the last 14 days? Ya /Yes Tidak / No 5. Adakah anda sedang menjalani perintah kawalan kuarantin di rumah yang diarahkan oleh Kementerian Kesihatan Malaysia? Are you currently under strict home quarantine as instructed by Ministry of Health Malaysia? Ya / Yes Tidak / No

Saya mengesahkan bahawa semua maklumat yang diberikan adalah betul dan tepat. Tindakan boleh dikenakan jika maklumat yang diberikan adalah palsu.

I hereby declare that all the information given in this form is true and correct. Action can be taken if the information provided is false.

Nama / Name : .....

No. KP / NRIC:.....No. Tel:.....

IPT:.....

T/Tangan / Signature :

Definition close contact :

- Health care associated exposure, including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient.
• Working together in close proximity or sharing the same classroom environment with a with COVID19 patient
• Traveling together with COVID-19 patient in any kind of conveyance
• Living in the same household as a COVID-19 patient.