



BORANG PENGISYTIHARAN KESIHATAN / HEALTH DECLARATION FORM



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

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.