

DECLARATION ON COVID-19 EXPOSURE

I, _____ (name) with IC No. _____ have visited _____ (nursing home) on _____ (date), at _____ (time). I hereby declare that the following details are true and correct to the best of my knowledge and beliefs, and I undertake the responsibility to inform of any changes therein, immediately.

STATEMENT	Please mark (X) in the appropriate box	
	YES	NO
1. Do you have the following symptoms in the past 14 days? i. Fever ii. Cough iii. Sore throat iv. Flu / runny nose v. Shortness of breath vi. Fatigue / muscle aches vii. Other, please state _____		
2. Have you travelled to other countries in the past 14 days? If yes, please state the country: _____		
3. Have you been to Sabah / Sarawak in the past 14 days? If yes, please specify: _____		
4. Any of your family members were confirmed with COVID-19 positive? If yes, please specify: _____		

<p>5. Do you have close contact (within 1 meter distance) with any other confirmed COVID-19 positive patient over the past 1 month?</p>		
<p>6. Have you been to or do you have contact with persons who have been to the following places/functions prior to today?</p>		
<p>6.1 Tabligh gathering at Masjid Sri Petaling on 28/2/2020 – 1/3/2020</p>		
<p>6.2 Masi Magam Theppa Thirunal (Floating Chariot Festival) at Teluk Bahang, Penang on 8/3/2020</p>		
<p>6.3 Fishing competition at Port Dickson, Negeri Sembilan on 16/3/2020.</p>		
<p>6.4 Travelling back to hometown during the period of movement control order (16/3/2020 – 31/3/2020).</p> <p>If yes, please specify: _____ (origin state) and _____ (state of hometown).</p> <p>If yes, please state the mode of transportation used: _____</p>		
<p>6.5 Any mass gathering which involve at least 20 individuals; please specify: _____ _____</p>		
<p>6.6 Others:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

I acknowledge that legal action could be taken in accordance to Laws of Malaysia Act 342 Prevention and Control of Infectious Disease Act 1988, if I have intentionally given false information or withheld any information that will potentially harm the safety of public, health care workers and the health facilities.

Visitor's signature:

Nursing home worker's signature:

Name:

Name:

IC:

IC:

Date:

Date: