

HEALTH ALERT!!!
FROM
UNIVERSITY HEALTH CENTRE
UNIVERSITI KEBANGSAAN MALAYSIA
Novel Coronavirus (nCoV)

Case Definition

1. **PUI of novel coronavirus (nCoV)**
A person with fever AND clinical sign/symptoms suggestive of pneumonia OR severe respiratory infection with breathlessness AND had history of travel, to or reside, in Wuhan City, China, within the last 14 days OR close contact with a confirmed case of novel coronavirus (nCoV)

2. **Confirmed case of nCoV**
A person with laboratory confirmation of infection with the novel coronavirus

Close contact defined as anyone who provided care for the patient including a healthcare worker, or family member, or who had other similarly close physical contact.

nCoV DECLARATION FORM

Please read carefully and tick () in the appropriate box if you:

- | | |
|--|--|
| 1. Currently having high fever | Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) |
| 2. Currently having cough, breathlessness, runny nose, sore throat | Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) |
| 3. Within the past 14 days before the onset of symptoms | |
| a. Are a residence in, or travel to, Wuhan City, China | Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) |
| b. Had close contact with a confirmed case of nCoV | Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) |

I (Name) _____
Matric No. _____ (Passport No.) _____
hereby admit to reading with care the above matters and declare that all information given is true and correct. I am aware that the University can take legal action against me if the information given were found to be false and incorrect.

Student's Signature
Date:

Telephone Number (Handphone): _____
Current address (in Malaysia): _____

Semester: _____ Year: _____

THANK YOU FOR YOUR COOPERATION

For Pusat Kesihatan Universiti, Universiti Kebangsaan Malaysia use only

Normal risk () Probable Case ()

Description

Director's Signature and Stamp Date