



**B BORANG PENGISYTIHARAN  
KESIHATAN /  
HEALTH DECLARATION FORM**



- 1. Adakah anda mengalami gejala-gejala berikut?**  
*Do you have these symptoms?*
- |   |          |            |
|---|----------|------------|
| a) Demam / <i>Fever</i>                         | Ya / Yes | Tidak / No |
| b) Batuk / <i>Cough</i>                         | Ya / Yes | Tidak / No |
| c) Selsema / <i>Flu</i>                         | Ya / Yes | Tidak / No |
| d) Sesak nafas / <i>Difficulty in breathing</i> | 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.