**BORANG PENGISYTIHARAN KESIHATAN /**

 ***HEALTH DECLARATION FORM***

1. **Adakah anda mengalami gejala-gejala berikut?**

*Do you have these symptoms?*

* 1. Demam / *Fever* Ya / *Yes* Tidak / *No*
	2. Batuk / *Cough* Ya / *Yes* Tidak / *No*
	3. Selsema / *Flu* Ya / *Yes* Tidak / *No*
	4. Sesak nafas / *Difficulty in breathing*  Ya / *Yes* Tidak / *No*
1. **Adakah anda pernah disahkan positif COVID-19?** Ya / Yes Tidak / *No*

*Have you being declared as a positive COVID-19?*

1. **Adakah anda mempunyai kontak rapat dengan mereka yang**

**disahkan POSITIF COVID-19?** Ya / Yes Tidak / No

*Do you have history of close contact with anyone who has been*  *Diagnosed as COVID19 POSITIVE?*

1. **Adakah anda mempunyai sejarah perjalanan ke luar negara** Ya /Yes Tidak / No **dalam tempoh 14 hari yang lepas?**

*Do you have history of travelling to overseas for the last 14 days?*

1. **Adakah anda sedang menjalani perintah kawalan kuarantin di rumah yang diarahkan oleh Kementerian Kesihatan** Ya / Yes Tidak / No

**Malaysia?**

*Are you currently under strict home quarantine as instructed by Ministry of Health Malaysia?*

**Saya mengesahkan bahawa semua maklumat yang diberikan adalah betul dan tepat. TTindakanTindakan boleh**

**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 :…….……………………………...*

*Fakulti /Jabatan/ Bahagian:……………………………………………………………………….......….*

 *T/Tangan / Signature :*

**Pengesahan Pegawai Perubatan / Pengamal Perubatan Berdaftar**

Suhu : ……..°C Kebenaran pergerakan :Lulus / Tidak lulus

Tandatangan/Cop Jawatan : Tarikh :…………………

 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.