

HEALTH DECLARATION FORM

All persons entering Malaysia shall furnish all the information required in this form

Part A **(GENERAL)**

1. Full Name : _____
2. Gender : Male Female
3. Age : _____ Years _____ Months
4. Passport number : _____
5. Nationality : _____
6. Identity card number: _____
7. Flight number : _____
8. Seat number : _____
9. Last place of embarkation : _____
10. Address in Malaysia : _____

11. Telephone number : House : _____ Office: _____ Mobile: _____

Part B **COVID-19**

1. Have you been to any area or countries of covid-19 as indicated by World Health Organisation over the past 14 days? YES NO
2. Date of departure from the said countries: _____
3. Have you had any of the following symptoms? Please tick (v) if yes.
Fever :
Cough :
Difficulty in breathing :
Sore throat :
Other symptoms (please specify): _____
4. Have you been in contact with person with confirmed to have COVID-19?
YES NO
5. IF THE ANSWER is yes to either of the above, please report to health officer at the airport.

Signature : _____ Date: _____