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|--|----------|------------|
| 1. <b>Adakah anda disahkan positif COVID-19 dalam tempoh 14 hari?</b><br><i>Have you being declared as a positive COVID-19 for the last 14 days?</i>   | Ya / Yes | Tidak / No |
| 2. <b>Adakah anda mempunyai kontak rapat dengan mereka yang disahkan POSITIF COVID-19 dalam tempoh 14 hari?</b><br><i>Do you have history of close contact with anyone who has been diagnosed as COVID-19 POSITIVE for the last 14 days?</i> | Ya / Yes | Tidak / No |
| 3. <b>Adakah anda dalam tempoh 2 minggu ini ada KONTAK RAPAT dengan mana-mana individu pada soalan 2?</b><br><i>Have you been in close contact with person in question number 2 for the last two weeks?</i>                                  | Ya / Yes | Tidak / No |
| 4. <b>Adakah anda mengalami gejala-gejala berikut?</b><br><i>Do you have these symptoms?</i>   |          |            |
| a. Demam / Fever   | Ya / Yes | Tidak / No |
| b. Batuk / Cough   | Ya / Yes | Tidak / No |
| c. Selsema / Flu   | Ya / Yes | Tidak / No |
| d. Sesak Nafas / Difficulty in breathing   | Ya / Yes | Tidak / No |
| e. Sakit Tekak / Sore Throat   | Ya / Yes | Tidak / No |
| 5. <b>Adakah anda sedang menjalani perintah kawalan kuarantin di rumah yang diarahkan oleh Kementerian Kesihatan Malaysia?</b><br><i>Are you currently under strict home quarantine as instructed by Ministry of Health Malaysia</i>         | 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 exposed, including providing direct care for COVID-19 patients, working with health workers infected with Covid-19, visiting patients or staying in the same close environment of COVID-19 patient.
- Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient.
- Traveling together with COVID-19 patient un any kind of conveyance.
- Living in the same household as a COVID-19 patient.