

Dear Sir/ Madam,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to any person, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Name :	Personal contact number (mobile number/home):
NRIC / Passport no. :	Nationality :
Organization (If applicable) :	
Meeting venue /level / department to visit :	Name of Host :
Temperature reading :	Recorded by staff (name) :

SELF-DECLARATION	
1.	<p>If you have the following symptom(s), please circle your answer.</p> <p>Fever Cough Sore throat Shortness of breath</p> <p>Others _____</p>
2.	<p>Have you been in contact with any COVID-19 cluster declared by MOH or Person Under Investigation (PUI) or a confirmed COVID-19 patient in the past 14 days?</p> <p>Yes No</p>
3.	<p>Have you been to affected COVID-19 country(s) or area(s) in the past 14 days?</p> <p>Yes No</p> <p>If yes, please indicate the affected country(s) or area (s): _____</p>

Signature : _____

Date : _____

*Note : Information captured is used for contact tracing if required.

Reference: Prosedur Kerja Selamat Pencegahan Covid-19 Di Tempat Kerja, Jabatan Keselamatan dan Kesihatan Pekerjaan Kementerian Sumber Manusia