

HEALTH SCREENING & SELF DECLARATION FORM FOR VISITORS

Ladies and Gentlemen,

Welcome to Prasarana.

Prasarana is taking all the necessary precautionary measures against the spread of COVID-19 Infection to our staff.

Thank you for your time.

Name (Full Name and Capital Letter):	Company:
Identity Card Number:	
Meeting Venue/Level/Department to visit:	Contact number:
Time/ Date:	Office : _____
	Mobile : _____
	Home : _____

Self-Declaration by Visitors	
1	<p>If you have the following symptom(s), please tick the relevant boxes:</p> <p> <input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Difficulties in breathing </p> <p> <input type="checkbox"/> Others: </p>
2	<p>Have you been in contact with a confirmed patient/ Person Under Surveillance (PUS) for COVID-19 in past 14 days?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
3	<p>Have you attended an event/ area associated with known COVID-19 cluster in the past 14 days?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
4	<p>Have you been to any countries/state in Malaysia affected by COVID-19 in the past 14 days?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>(Please write down which country/state you have visited in the past 14 days).</i></p> <p>.....</p>
5	<p>*applicable ONLY if you answer YES in any of Q2, Q3 and/or Q4 above.</p> <p>Have you completed the quarantine period and are declared free of COVID-19 virus infection by the Ministry of Health?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

If your answer is NO for Q5, you are not allowed to enter the premise.

Declaration:

I, hereby, declared that all information given are true and accurate. I am aware of the necessary precautions to be taken and will conform with the required guidelines.

Signature:

Date:

Checked by: (Auxiliary Police on duty)	Staff ID Number:	Allowed to enter Prasarana's Premise:
		<input type="checkbox"/> Yes <input type="checkbox"/> No