

## **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 affected by COVID-19 as indicated by WHO over the past 14 days? YES  NO
2. If yes, please state the name of country \_\_\_\_\_
3. Do you have any of the following symptoms? Please tick (v) if yes.

Symptoms	YES	NO
fever		
Cough		
Difficulty in breathing		
Sore throat		
Other symptoms (please specify)		

4. Have you been in contact with person with confirmed cases of COVID-19? YES  NO
5. Do you suffer from any chronic disease? YES  NO   
IF THE ANSWER IS YES please state the diseases:  
a) \_\_\_\_\_ c) \_\_\_\_\_  
b) \_\_\_\_\_ d) \_\_\_\_\_
6. Have you engaged yourself in certain group activities like *Tabligh*, church or *Tahfiz* etc  
YES  NO
7. IF THE ANSWER IS YES please specify, \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit this form to Ministry of Health screening counter upon landing at KLIA.**