Health Declaration Form

In efforts of preventing the spread of Covid19 , every person who enters this building is required to fill in this questionnaire. It is necessary that you fill in this questionnaire as a precautionary measure to reduce the risk of exposure for all our employees and visitors. Thank you for your cooperation.

All visitors shall finish all the information required in this Form.	
Personal Details	
Full Name :	**Age:**
NRIC :	**Contact No. :**
Gender : Male / Female	**Name of host :**
Living Area (eg. Subang, Klang) **:**	
Representative From (eg. Supplier ABC Company) **:**	
Visiting Purpose (eg. Sending Goods / Meeting / Training):	
2. Health Conditions:	
a) Have you been to any RED ZONE area of COVID-19 over the past 14 days?	**YES / NO**
b) Have you been in close contact with person suspected to have COVID-19?	**YES / NO**
c) Do you attend Covid-19 positive cluster / assemblies , etc?	**YES / NO**
d) Do you had any of the following symptoms over the past 14 days? **Please tick if yes** ☐ **Fever** ☐ **Sore throat** ☐ **Cough** ☐ **Difficulty in breathing** **Other symptoms (please specify):**	
3. Checklist:	
a) Wearing Mask	**YES / NO**
b) Body Temperature	
DECLARATION FROM VISITOR	
I declare that the information given within this declaration of health is true and I am trying my best by taking all the necessary precautionary measures against the spread of COVID-19 Infection.	
Signature:	Date:
FOR OFFICE USE ONLY	
Verify By:	

Right to use granted by : SQL Account Payroll