

Tarikh masuk :

**BORANG PENGISYTIHARAN KESIHATAN  
PEJABAT KESIHATAN DAERAH TANGKAK**

**1. Adakah anda mengalami gejala-gejala berikut?**

*Do you have these symptoms?*

- |   |          |            |
|---|----------|------------|
| a) Demam / <i>Fever</i>                         | Ya / Yes | Tidak / No |
| b) Batuk / <i>Cough</i>                         | Ya / Yes | Tidak / No |
| c) Selsema / <i>Flu</i>                         | Ya / Yes | Tidak / No |
| d) Sesak nafas / <i>Difficulty in breathing</i> | Ya / Yes | Tidak / No |

**2. Adakah anda pernah disahkan POSITIF COVID-19?**

*Have you being declared as a POSITIVE COVID-19?*

Ya / Yes      Tidak / No

**3. Adakah anda mempunyai kontak rapat dengan mereka yang disahkan POSITIF COVID-19?**

*Do you have history of close contact with anyone who has been diagnosed as COVID-19 POSITIVE?*

Ya / Yes      Tidak / No

**4. Adakah anda mempunyai sejarah perjalanan ke luar negara dalam tempoh 14 hari yang lepas?**

*Do you have history of travelling to overseas for the last 14 days?*

Ya / Yes      Tidak / No

**5. Adakah anda sedang menjalani perintah kawalan kuarantin di rumah yang diarahkan oleh Kementerian Kesihatan Malaysia?**

*Are you currently under strict home quarantine as instructed by Ministry of Health Malaysia?*

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 given is false.*

Nama : .....

No. KP : .....

No. Tel : .....

Alamat : .....

T/Tangan / Signature :

*Definition close contact :*

- Health care associated exposure, including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a 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 in any kind of conveyance
- Living in the same household as a COVID-19 patient.