REGENCY SPECIALIST HOSPITAL 立康医院

HEALTH DECLARATION FORM

To prevent the spread of Covid-19 in our community and reduce the risk of exposure to our staff, doctors and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take to take precautionary measure to protect you and everyone. The information collect will be kept safely and personal information will not be disclose unless as required by MOH for contact tracing.

Name : _____ **NRIC/Passport No** : _____

Date : _____ **Telephone No** : _____

Temperature : _____ ºC

No	Question	Tick (√) at below box where applicable
1	Do you have any of the following?	
	☐ Fever	☐ Running nose or blocked nose
	☐ Cough	☐ Diarrhea
	☐ Difficulty breathing	☐ Vomiting
	☐ Sore throat	
2	Have you travelled to/ resided in foreign country in the last 14 days?	
	If yes, Specify which country: _____	
	Have you been Quarantined for 14 days?	☐ Yes ☐ No
	Date of arrival to Malaysia: _____	
3	Did you, in the past 14 days, come in close contact with someone (family member/friends/co-workers/public) who;	
	(i) Is a confirmed COVID-19 case **OR**	
	(ii) Is part of a COVID-19 cluster?	☐ Yes ☐ No
4	Have you attended any event / mass gathering in the last 14 days?	
	☐ Yes, please state:	Event attended: _____ Date: _____ Venue: _____
	If Yes, Please state:	Have you been quarantined 14 days? ☐ Yes ☐ No
	☐ No	

Declaration

The information I have given is true and complete. I understand that under the **Prevention and Control of Infectious Diseases Act 1988**, this is an offence if I fail to answer truthfully.

_____

Signature of Patient/Next of kin

_____

Name & Signature of Triage Staff Nurse

Name of Next of kin: _____