HEALTH DECLARATION FORM

All persons entering Malaysia shall furnish all the information required in this

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 (√) 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

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