



**MINISTRY OF HEALTH
MALAYSIA**

Our Ref.:

District Health Office / Entry Point Health Office
.....
.....
Telephone No:

To:

Name:
 Identification Card / Passport No:
 Address:

 Phone no. in Malaysia:.....
 Name & phone no. next of kin in Malaysia:.....
 Visited country:.....

Order for Surveillance and Observation for Contact of Corona Virus Disease (COVID-19) Under Section 15(1) Prevention and Control of Infectious Disease Act 1988 [Act 342]

1. To carry out the order under section 15 (1) Prevention and Control of Infectious Diseases Act 1988 [Act 342], I, the Authorized Officer appointed under section 3 of Act 342 hereby order you to undergo surveillance and observation at such place as per above address with conditions as stated in para 2,3,4 and 5 of this order and other conditions as stated in Home Assessment Tool, for days, from (date) till (date) or for a period of time as directed by the Authorized Officer ("surveillance and observation period").

2. You are required to wear a wristband, given by the Authorized Officer during the surveillance and observation period and to ensure the said wristband always in a good condition. If the said wristband is damaged, you are required to inform the nearest District Health Office (DHO) and to get a replacement wristband. You should not remove, cut, or damaged the said wristband. The said wristband can only be removed by the Authorized Officer after you have received a discharged letter under the surveillance and observation order.

3. You are required to download the *MySejahtera* application or any other application fixed by the Government into your smartphone or any other device either registered on your behalf or under your control and shall ensure the mobile phone or the device is always with you and in active mode at all times during the surveillance and observation period. You shall ensure that all information provided in *MySejahtera* application is accurate and correct.

4. While you are placed under the surveillance and observation order, you are required to pay fee for COVID-19 detection test every time you undergo COVID-19 detection test as specified in in the Prevention And Control Of Infectious Diseases (Fee For Coronavirus 2019 (COVID-19) Detection Test Regulations 2020) [P.U.(A) 190/2020] and to comply with the order and the conditions stated herein and to monitor your health status using the Home Assessment Tool (Appendix 1) attached together with this order.

5. If you are the legal guardian of a child under the age of eighteen (18) years old or a disabled person (OKU), you shall provide the information of the child under the age of eighteen (18) years old or disabled person in Appendix 2 and to ensure that the person under your care complies with this order and the conditions stated herein.

6. Your failure to comply with this order and the conditions stated herein constitute an offence under section 22 of Act 342 and if convicted may be punishable under section 24 of Act 342.

The Authorized Officer	
Name	
Designation	
Date & Time	
Confirmation On Receiving A Copy Of The Order By The Contact Placed Under Surveillance Observation	
Name	
IC / Passport No.	
Date & Time	
Signature	

C.C

District Health Office

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LIST OF CHILDREN UNDER 18 YEARS OLD / DISABLE PERSONS (OK) UNDER CARE

I, [nama]

*identity card no./ Pasport no.

address in

hereby confirm that the persons named below are children under the age of 18 years old / persons with disabilities under my care.

NO.	NAME	IDENTITY CARD NO. / MYKID NO. / PASPORT NO.

Signature:

Name:

IC No.:

Address:

Phone no.:

Date: