Ladies and Gentlemen,

Welcome to Malaysia.

Malaysia is taking all the necessary precautionary measures against the spread of COVID-19 infection into our country.

If you are coming from oversea/abroad, you are kindly requested to declare your health status on the overleaf of this card as required under Section 12(1) of the Prevention and Control of Infectious Diseases Act 1988 [Act 342]. Any person who contravenes this section, commits an offence (Section 12(3)).

The Ministry of Health Malaysia values your sincere cooperation in this matter.

Thank You.

Director General of Health
Ministry of Health Malaysia

Disease Control Division, Ministry of Health Malaysia,
Level 3, 4, 6, Block E10, Federal Government Administration Centre,
Parcel E, 62590 Putrajaya
Tel: 03-8000 8000 Fax no: 03-8888 0643
PUBLIC HEALTH COVID-19 HEALTH DECLARATION FORM

All person entering Malaysia shall complete all the information required in this Form

PART A
(General)

1. Full name: ...........................................................................................................
   (Use block letters)

2. Gender:   Male   Female

3. Age (year/month): ............................................................................................

4. Passport Number: .............................................................................................

5. Nationality: ........................................................................................................

6. Identity Card No:............................................................................................... 

7. Mode of Transport:   Air   Sea   Land

8. Flight No./Vehicle Registration No./Name of Ship/Name of Train:
..............................................................................................................................

9. Seat No. (if applicable): ....................................................................................

10. Last Place of Embarkation: .............................................................................

11. Address in Malaysia: ....................................................................................... 

............................................................................................................................

12. Telephone No.
House: ........................................ Office:...........................................
Mobile:.................................
PART B
COVID-19

1. Have you travelled overseas the past 14 days?
   - Yes ☐  No ☐

2. Date of departure: ........................................ Country: ........................................

3. Have you had any of the following symptoms over the past 14 days? Please tick if yes
   - Fever ☐
   - Cough ☐
   - Difficulty in breathing ☐
   - Sore throat ☐
   - Sudden loss of sense of taste or smell ☐
   - Other symptoms (please specify):

4. Have you been in ¹ close contact with person suspected to have COVID-19?
   - Yes ☐  No ☐

   If the answer is yes to either of the question above, please report to the Health Screening Area.

4. Please indicate all countries and cities that you have visited or transited through in the last 14 days (including airport, ports and border crossing), providing the dates of the visit. List the most recent countries first.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

¹Definition 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 COVID-19 patient
- Traveling together with COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient

Signature:.............................
Date :.............................