



**MINISTRY OF HEALTH
MALAYSIA**

File Ref.:

District Health Office / Entry Point Health Office / Hospital

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Telephone No:

To:

Name:

Identification Card / Passport No:

Address:

.....

Phone No.:

Name & Phone No. next of kin:

Order for Observation and Surveillance for Contact of Case Infected with Coronavirus Disease 2019 (COVID-19) Under Subsection 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 hereby order you to undergo observation and surveillance at such residence 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 form, for days, from (date of symptoms onset / date of sample taken for asymptomatic cases) till (date of 10th day) or for a period of time as directed by the Authorized Officer ("observation and surveillance period").
2. You are required to wear a tracking device, given by the Authorized Officer during the observation and surveillance period and to ensure the said tracking device always in a good condition. If the said tracking device is damaged, you are required to inform the nearest District Health Office (DHO) and to get a replacement. The said tracking device can only be removed by the Authorized Officer after you have received a letter of discharged order of observation and surveillance or with written permission by the Authorized Officer.
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 period of observation and surveillance. You shall ensure that all information submitted in *MySejahtera* application is accurate and correct.
4. While you are placed under the observation and surveillance order, you are required to pay the COVID-19 detection test fee each time you undergo the COVID-19 detection test as specified in the Prevention and Control of Infectious Diseases (Fee for Coronavirus Disease 2019 (COVID-19) Detection Test) Regulation 2020 and to comply with the order and the conditions stated herein and to monitor your health status using the Home Assessment Tool form (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 Act 342 and Prevention and Control of Infectious Diseases (Measures Within Infected Local Areas) (National Recovery Plan) Regulations 2021 [P.U.(A) 293/2021] and if convicted may be punishable under Act 342 and P.U.(A) 293/2021.

The Authorized Officer	
Name	
Designation	
Date & Time	
Confirmation on Receiving a Copy of the Order by the Case Placed Under Observation and Surveillance	
Name	
Identification / Passport No.	
Date & Time	
Signature	

c.c District Health Office

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'HOME ASSESSMENT TOOL' FOR ADULT WITH POSITIVE COVID-19

NOTE: Please (√) if you experience any of the symptoms below

SYMPTOMS	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	NOTES
Sore throat or runny nose											
Cough											
*Fever											
* Shorten of breath (SOB)											
Loss of taste											
Loss of smell											
Diarrhea											
Nausea and/or vomiting											
Lethargy											
Myalgia											
Able to carry out daily activities											
*Chest pain											
*Unable to tolerate orally / food / drinks											
*Worsening of lethargy eg: struggling to get out of bed											
*Unable to ambulate without assistance											
*Worsening or persistent symptoms such as cough, nausea, vomiting or diarrhea											
*Reduced level of consciousness											
*Reduced urine output in the last 24 hours											

NOTE: i) * RED FLAGS - If present, patient is CAT 2 MODERATE and needs referral to clinic/hospital/COVID-19 assessment centre for further assessment

ii) If self-monitoring of health status has been done through the MySejahtera application, this form does not need to be filled out.

'HOME ASSESSMENT TOOL' FOR PARENTS WITH A CHILD POSITIVE COVID-19
(To be filled by the parents / guardian of the child)

NOTE: Please (✓) if your child experience any of the symptoms below.

SYMPTOMS	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	NOTA
Fever											
Sore throat or runny nose											
Cough											
Vomiting or diarrhoea											
Active on handling											
*Symptoms more than 7 days											
*Lethargy											
*Poor feeding											
*Chest or abdominal pain											
*Cold or clammy peripheries											
*Signs of dehydration (less urinate (within 24 hours))											
*Change in mental status											
*Seizures											

NOTE: *RED FLAGS IN PAEDIATRIC: If present the child shall be referred hospital for further assessment

