



**MINISTRY OF HEALTH
MALAYSIA**

Our Ref.:

District Health Office / Entry Point Health Office / Hospital

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Telephone No:

To:

Name:

Identification Card / Passport No:

Address:

.....

Phone no. in Malaysia:.....

Name & phone no. next of kin in Malaysia:.....

Visited country (if related):.....

Order for Isolation or Surveillance for Person Infected with Coronavirus Disease (COVID-19) Infection or Person Suspected of Being Infected by Coronavirus Disease (COVID-19) Under Subregulation 12A Prevention and Control of Infectious Diseases (Measures Within Infected Local Areas) (National Recovery Plan) Regulations 2021 [P.U.(A) 293/2021]

1. To carry out the order under subregulation 12A Prevention and Control of Infectious Diseases (Measures Within Infected Local Areas) (National Recovery Plan) Regulation 2021 [P.U.(A) 293/2021], I, the Authorized Officer hereby order you to undergo isolation or surveillance 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 order is issued) till (date of Day 14) or for a period of time as directed by the Authorized Officer ("isolation or surveillance period").

2. You are required to wear a tracking device, given by the Authorized Officer during the surveillance and observation 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 discharged letter under the isolation or surveillance 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 isolation or surveillance order, you are required 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 P.U.(A)293/2021 and if convicted may be punishable under P.U.(A) 293/2021.

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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'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.

