

Patient Details

Name: _____

IC/Passport No. : _____

Date of birth: _____

Nationality: _____

MALAYSIA / FOREIGN

If Foreign, Country: _____

Home Phone: _____

Mobile phone: _____

Reason for
Interview:

Contact with known case

Symptomatic of disease

Overseas travel

Reported recent risk exposure/contact

Other

If Other, specify: _____

Risk Assessment

Have you travelled outside the state or Malaysia in the past 14 days?

Yes

No

If Yes, provide details: _____

Date of arrival in state: _____

Has any member of your household or any other person to whom you have had close contact¹ returned to Malaysia or the state within the last 14 days?

Yes

No

If Yes, provide details: _____

Have you had any of the following symptoms?

- | | | | |
|--|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Cough | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Fatigue / Malaise | <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Loss of smell / taste | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Nasal congestion | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Muscle ache | <input type="checkbox"/> Chills |

Have you been in close contact¹ with any person diagnosed with or suspected to be infected with COVID-19? Yes No

If Yes, provide details: _____

Have you been present at any public venue, event or gathering where persons were diagnosed or suspected to be infected with COVID-19? Yes No

If Yes, provide details: _____

I hereby declare that to the best of my knowledge the information provided above is true and accurate and that I understand that any information provided above, if untrue, may contribute to the spread of an infectious disease dangerous to life, or cause harm or hurt to other persons.

I further acknowledge that if the information above is untrue, I may be charged and punished with imprisonment, fine or both in accordance with the law.

Signature of patient / representative

Date:

¹Definition of close contact

- Healthcare associated exposure, including providing direct care for COVID-19 patients, working with healthcare workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient.
- Working in close proximity or sharing the same classroom environment with a COVID-19 patient.
- Travelling together with a COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient.

Sources:

1. Appendix 1: Health Declaration Form COVID-19, Ministry of Health, Malaysia
2. Diagnosis and Treatment Protocol for Novel Coronavirus Pneumonia dated 3 March 2020, National Health Commission, Peoples Republic of China.
3. COVID-19 Patient Reporting Form, Minnesota Department of Health, United States of America.
4. Novel Coronavirus 2019 (COVID-19) NSW Case Questionnaire, New South Wales Ministry of Health, Australia.

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