



CAHYA MATA SARAWAK

HEALTH DECLARATION FORM

[Please Insert Your Individual Company Name Here]

The information you provide is important to the Company in managing the risk of COVID-19 transmission. The Prevention and Control Of Infectious Diseases Act 1998 requires a person who has reason to suspect that he/she is a case or carrier of COVID-19, or had contact with a positive COVID-19 case, to act in a responsible manner to not expose other persons to the risk of infection by the disease.

FULL completion of this form is **MANDATORY** prior to entry to any company premises.

1. NAME : _____
2. I AM (Please check (√) the one related to you) :
 An Employee (all employees of CMSB Group of Companies)
 A Visitor (include but not limited to contractors, suppliers, service vendors, transporters and business partners)
3. COMPANY : _____ 4. DESIGNATION: _____
5. IC/PASSPORT NO : _____ 6. CONTACT NUMBER : _____
7. ADDRESS OF STAY IN KUCHING: _____
8. PURPOSE OF ENTRY [*To be completed by Visitors*] (Please specify Purpose of Visit, With Whom and show Proof of Written Approval)

	QUESTIONS	YES	NO
9.	Have you travelled OUT of Malaysia in the last 14 days? If YES, please complete the following: - Name of countries: _____ - Travel dates: _____		
10.	Have you had contact with any SUSPECTED or CONFIRMED COVID-19 case in Malaysia or any other country in the past 14 days?		
11.	Do you have any of the following medical conditions:		
	- Cough		
	- Runny nose		
	- Sore throat		
	- Chest pain / tightness		
	- Breathing difficulty		

12. I have undertaken to provide the Company with true and accurate information failing which I shall be liable for any consequences or legal liabilities arising therefrom.

13. Disclaimer:

a) For Visitor:

I agree that entry into the Company's premises shall be at my own risk and the Company shall not be responsible for my health and safety. I agree that I shall adhere to all Standard Operating Procedures, guidelines and rules set by the Company and relevant authorities. I will inform the Company immediately in the event of any change in the information provided above.

b) For Staff:

I agree that I shall adhere to all Standard Operating Procedures, guidelines and rules set by the Company and relevant authorities. I will inform the Company immediately in the event of any change in the information provided above.

Signature: _____

Date: _____

Body Temp: _____ °C

Checked by: _____