BORNEO MEDICAL CENTRE
婆罗洲医药中心

**ENGLISH (v2)**

# HEALTH DECLARATION FORM

Dear Patient & Visitor,

To prevent the spread of COVID-19 within our community and reduce the risk of exposure to yourself and our staff, please fill this form correctly and accurately.

Concealing and making false declarations can be charged under the **Prevention and Control of Infectious Diseases Act 1988.**

Thank you for your time and co-operation.

***Please tick (✓) the appropriate box.***

*** I am:** ☐ **Patient** ☐ **Accompanying a patient** ☐ **Caregiver** ☐ **Visitor**

| | | | |
|---|---|---|---|
| *** I am going to:** | ☐ Outpatient Specialist Clinics | ☐ Chemotherapy | ☐ Pharmacy |
| | ☐ Wards *(please specify Room No.*:_____) | ☐ Dialysis | ☐ Physiotherapy |
| | ☐ A&E / Health Screening Centre | ☐ PET-CT | ☐ X-Ray/MRI/CT Scan |
| | ☐ Others *(please specify)*:_____ | | |

| | | | |
|---|---|---|---|
| Full Name *(as in NRIC or Passport)* | PLEASE USE CAPITAL LETTERS | | |
| Malaysian Identity Card No. / Passport No. | | Nationality | ☐ Malaysian<br>☐ Others: |
| Date of Birth | (DD/MM/YYYY) | Gender | ☐ Male ☐ Female |
| Address in Sarawak | PLEASE USE CAPITAL LETTERS | | |
| Telephone No. | | E-Mail | |

1. Have you travelled / resided in any country in the past 14 days?

   **YES** ☐ ***(Please specify:_____ )*** **NO** ☐

2. Have you, in the past 14 days, come in close contact with someone who:

   (i) Is a **confirmed COVID-19** case;

   **OR**

   (ii) Is part of a **COVID-19 cluster**?

   **YES** ☐ ***(Please specify:_____)*** **NO** ☐

3. Do you have **one or more** of the following symptoms in the past 14 days? Please tick (✓):

   ☐ Fever ☐ Shortness of Breath ☐ Others:

   ☐ Cough ☐ Flu / Runny Nose _____

   ☐ Sore throat ☐ Diarrhoea **NONE OF THE ABOVE** ☐

I declare that all the information given in this form is true and correct.
I am aware that BMC can take legal action against me if the information given were found to be false and incorrect.

Signature: _____ Date: _____ Time: _____