

Health Screening Form for Visitors

Dear Sir / Madam,

To prevent the spread of the Covid 19 in our organisation and reduce the risk of exposure to our staff and visitors, we are conducting a simple questionnaire. Your participation is important for us to take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor's name:		Mobile contact number:	
NRIC / Passport No:		Nationality (for foreigner only)	
Meeting venue/floor/department to visit:			
Self-declaration by visitor			
1.	Do you have any of the symptoms below?		
	<input type="checkbox"/> Fever	<input type="checkbox"/> Dry cough	<input type="checkbox"/> Body aches
	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Fatigue
	<input type="checkbox"/> None of the above		
2.	Have you been in contact with a confirmed Coronavirus patient in the past 14 days?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Have you travelled out of Malaysia to countries affected by Covid-19 in the last 14 days?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If your response to any of the above question is "Yes", you are not allowed to the SC and/or attend the event.			

Signature of visitor: _____

Date: _____

For Official Use Only		
Temperature reading of visitor	Recorded by staff (name)	Date