



SEDA MALAYSIA: VISITOR/VENDOR HEALTH DECLARATION FORM

**compulsory to fill up for Visitor/Vendor*

Visitor/Vendor Personal Details

Full Name: _____ I/C No. / Passport No.: _____

Purpose of visit: _____ Contact Number: _____

***please attached approval from SEDA Malaysia to enter office**

Travel/Contact History

(please "✓" relevant box)

Have you travelled to COVID19 affected country within last 14 days?
(eg Mainland China, Hong Kong, Macau, Taiwan, South Korea, Japan, U.S., Spain, Denmark, Italy, France, U.K., Germany, Turkey, Iran, etc) Yes No

Have you been in close contact with family, friends or individuals who have returned from the above countries within the last 14 days? Yes No

Have you attended or come in contact with someone who attended an event or went to a place associated with COVID19 within last 14 days? Yes No

Have you been in close contact with suspected (PUI)/confirmed case for COVID19 within the last 14 days? Yes No

Declaration

I hereby declare that **I DO NOT have** the following conditions/symptoms (please "✓" relevant box)

Symptom	Yes	No	If No, please provide details
Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Symptoms:			_____

I agree that the above information provided is, to the best of my knowledge, complete and true.
I agree to the collection, use and disclosure of above information by the company for the purposes of a precautionary measure against COVID19 in the company's premises.

Name: _____

Signature: _____

Date: _____

Acknowledge by company P.I.C.

Signature: _____

Name: _____

Date: _____

Visitor Body Temperature
°C