

# HEALTH DECLARATION FORM



## MINISTRY OF HEALTH MALAYSIA

Ladies and gentlemen,

Welcome to Malaysia

Malaysia is taking all the necessary precautionary measures against the spread of Influenza A(H1N1) into our country.

If you have travelled to any of the affected areas or countries, you are kindly requested to declare your health status on the overleaf of this card as required under Section 15 of Prevention and Control of Infectious Diseases Act 1988. Any person who does not declare truthfully, will be committing an offence under this Act and if found guilty, shall be liable on conviction to imprisonment for a term not exceeding 2 years or to fine or both.

The Ministry of Health Malaysia values your sincere cooperation in this matter in the interest of Public Health.

### NOTICE TO TRAVELLERS

1. Please complete all relevant sections
2. Please tick (✓) where applicable

Disease Control Division, Ministry of Health Malaysia  
Level 3, Block E10, Complex E  
Federal Government Administrative Centre  
62590 Putrajaya  
Tel : 03 - 8881 0200/0300 • Fax : 03 - 8881 0500  
[www.moh.gov.my](http://www.moh.gov.my)

# SCHEDULE (Regulation 2)

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All persons entering Malaysia shall furnish information as required in this form

### PART A (General)

1. Full name : \_\_\_\_\_  
( Use block letters)
2. Gender : Male  Female
3. Age : \_\_\_\_\_ years \_\_\_\_\_ months
4. Passport Number : \_\_\_\_\_
5. Nationality : \_\_\_\_\_
6. Identity Card No : \_\_\_\_\_  
(for Malaysian only)
7. Mode of Transport : Air  Sea  Land
8. Flight No. / Vehicle Registration No. / Name of ship / Name of Train  
\_\_\_\_\_
9. Seat No : \_\_\_\_\_
10. Last Place of Embarkation : \_\_\_\_\_
11. Address in Malaysia : \_\_\_\_\_
12. Telephone No. House : \_\_\_\_\_ Office : \_\_\_\_\_ Mobile: \_\_\_\_\_

### PART B INFLUENZA A(H1N1)

1. Have you been to any area or country with local transmission of Influenza A(H1N1) as indicated by the World Health Organization over the past 7 days?  
Yes  No
2. If Yes, please specify the said area / countries: \_\_\_\_\_
3. Date of departure from the said countries: \_\_\_\_\_
4. Have you had any of the following symptoms over the past 7 days?

	Yes	No
High fever (more than 38° C or more than 100.4°F)	<input type="checkbox"/>	<input type="checkbox"/>
Cough / Difficulty in breathing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify): _____		
5. Have you been in contact with a person suspected to have Influenza A (H1N1)?  
Yes  No
6. If the answer is **yes** to either of the question above, please report to the Health Quarantine Station

Signature : \_\_\_\_\_ Date: \_\_\_\_\_