VISITOR / CONTRACTOR DECLARATION FORM

Building Management

To mitigate the risk of exposure on COVID-19 in our Building, we are conducting a simple screening questionnaire. Your participation is utmost important to help us take precautionary measures in protecting you and everyone within Menara LGB. Thank you for your time.

GENERAL INFORMATION

Name: - Nama	**Mobile Phone No: -** No Telefon Bimbit	
Identity Card/Passport No: - No Kad Pengenalan/Pasport	**Nationality: -** Kewarganegaraan	
Company to Visit: - Nama Syarikat Yang Dilawati	**Level: -** Aras	**Name of Host: -** Nama Individu Yang Dijumpai

SELF DECLARATION BY VISITOR / CONTRACTOR

1. **Do you have the following symptom(s)? Please tick √ the relevant box(es).**
Adakah anda mempunyai gejala berikut? Sila tanda **√** di kotak-kotak yang berkenaan.

☐ **Fever** (Demam) ☐ **Body Temperature above 38°C** (Suhu Badan melebihi 38°C)

☐ **Cough or Breathing Difficulty** (Batuk atau Sukar Bernafas)

☐ **Flu, Headache or Body Ache** (Selsema, Sakit Kepala atau Sakit Badan)

☐ **Sore Throat** (Sakit Tekak) ☐ **Runny Nose** (Hidung Berair)

2. **Have you travelled to or resided in overseas within the last 14 days?**
Adakah anda pernah melancong atau menetap di luar negara dalam tempoh 14 hari yang lepas?

☐ **Yes** (**Ya**)	☐ No (Tidak)	If "**Yes**", please specify country & date of leaving the country: - Sekiranya "**Ya**", sila nyatakan negara & Tarikh meninggalkan negara tersebut

3. **Have you been in close contact with person who is COVID- 19 positive or has travelled to/from or resided in country with known transmission of COVID-19 within the last 14 days?**
Adakah anda pernah berdekatan dengan seseorang yang disahkan positif COVID-19 atau pernah pergi melancong atau menetap di negara yang mempunyai jangkitan kes COVID-19 dalam tempoh 14 hari yang lepas?

☐ **Yes** (**Ya**)	☐ No (Tidak)	If "**Yes**", please specify country & details: - Sekiranya "**Ya**", sila nyatakan negara & butiran tersebut

4. **Have you been given any health advisory or advised to be quarantined at home?**
Adakah anda pernah diberikan nasihat kesihatan atau nasihat kuarantin di rumah?

☐ **Yes** (**Ya**)	☐ No (Tidak)	If "**Yes**", please specify details: - Sekiranya "**Ya**", sila nyatakan butiran berkenaan

5.	**Signature (Visitor / Contractor): -** Tandatangan	**Date: -** Tarikh

FOR OFFICE USE ONLY

Temperature Reading of Visitor / Contractor	Staff Name	Date & Time