

H1N1 Influenza A Declaration Form

Name : _____ Emp. No./ PS No. (if applicable) : _____

NRIC No. / WP No./ Passport No. : _____ Company's Name : _____

Mode of Transport* : Public Bus / Company Bus / Car / Lorry / Motorcycle / Others : _____ (*delete accordingly)

Registration Plate No. : _____

Please **circle** the following questions accordingly:

- 1) Have you been in contact with any person suspected of, suffering from H1N1 Flu or had traveled to any H1N1 influenza-affected areas in the past 7 days? **YES / NO**
- 2) Do you have any of the following symptoms such as : (a) High Fever>38.0°C, (b) Cough, (c) Flu-like Symptoms **YES / NO**
- 3) Have you any reason to suspect that any of your family members are either suffering from H1N1 Flu, or have come into contact with persons suffering from H1N1 Flu? **YES / NO**
- 4) Have you or any of your family members been to Mexico, US (California, Texas, Kansas, New York), Austria, Canada, Hong Kong, Korea, Denmark, Germany, Israel, Netherlands, New Zealand, Spain, Switzerland and the United Kingdom, or any H1N1 influenza-affected areas in the past 7 days?
Country(ies) of Visit : _____ Date of Return : _____ **YES / NO**
- 5) Have you visited any hospital in the last 10 days? Date of Last Visit : _____ **YES / NO**

I hereby declare that the information contained in this form is true and complete. I understand that if it is found that I have made a false declaration in this form, necessary actions shall be taken against me.

Signature : _____ Date : _____

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