



Eastern Pacific Industrial Corporation Berhad (EPIC) (66667-K)

Coronavirus 2019 (COVID-19) Health Screening Form Borang Saringan Kesihatan Coronavirus 2019 (COVID-19)

Completion of this form is **mandatory** when required by duty officer at all entrance of Kemaman Supply Base and all companies under EPIC Group. *(Borang ini **wajib** diisi sepenuhnya sekiranya diperlukan oleh Pegawai yang bertugas di Setiap Pintu Masuk ke Kemaman Supply Base dan semua syarikat-syarikat di bawah EPIC Group).*

Name (Nama): _____ NRIC (KP) /Passport No: _____

Company Employee (Pekerja Syarikat) Contractor (Kontraktor) Visitor i.e Authorities/ Government (Pelawat Cth. Pihak berkuasa/ Agensi Kerajaan)

Resident in Malaysia (Pemastautin di Malaysia) Non-Malaysia Resident (Bukan Pemastautin di Malaysia)

Address in Malaysia (Alamat di Malaysia): _____

Company/Employer (Syarikat/Majikan): _____

Telephone number (No. telefon): _____

1.	Do you have any of the following symptoms? (Adakah anda mengalami mana-mana gejala berikut?)		
	a. Fever (Demam)	<input type="checkbox"/> Yes (Ya)	<input type="checkbox"/> No (Tidak)
	b. Cough (Batuk)	<input type="checkbox"/> Yes (Ya)	<input type="checkbox"/> No (Tidak)
	c. Sore throat (Sakit tekak)	<input type="checkbox"/> Yes (Ya)	<input type="checkbox"/> No (Tidak)
	d. Breathing difficulty (Kesukaran bernafas)	<input type="checkbox"/> Yes (Ya)	<input type="checkbox"/> No (Tidak)
2.	Have you travelled to / resided in AFFECTED COUNTRIES* in the last 14 days? (adakah anda melawat / tinggal di NEGARA-NEGARA YANG TERKESAN* dalam tempoh 14 hari sebelum?). <i>Please note that transit in an airport is also considered as having travelled to affected countries (Penerbangan transit juga di kira sebagai melawat ke negara-negara yang terkesan).</i> If yes (jika ya): • Please state where in the country (Sila nyatakan tempat di mana) • Date of departure from affected countries (Tarikh pelepasan dari negara tersebut).	<input type="checkbox"/> Yes (Ya)	<input type="checkbox"/> No (Tidak)
3.	Have you had close contact with any confirmed COVID19 case in Malaysia or any other country in the past 14 days? (Pernahkan anda berada berdekatan dengan pesakit COVID19 yang telah disahkan di Malaysia atau negara lain dalam tempoh 14 hari?).	<input type="checkbox"/> Yes (Ya)	<input type="checkbox"/> No (Tidak)

*List of affected countries will be updated from time to time. Please refer to the Officer In-Charge for the latest update.

In accordance with Malaysia's Personal Data Protection Act 2010, your personal or sensitive data is being collected for the purpose of workplace infection control in relation to the 2019 Novel Coronavirus (COVID-19) outbreak originating in China. *(Selaras dengan akta Perlindungan Data Peribadi 2010, maklumat peribadi atau sensitif anda sedang dipungut untuk tujuan kawalan jangkitan di tempat kerja berkaitan wabak Novel Coronavirus 2019 yang berasal dari China).*

I consent to the collection and processing of my data for the above purpose(s).
(Saya memberi kebenaran bagi maklumat saya direkodkan dan diproses bagi tujuan di atas).

Signature (Tandatangan): _____ Date dd/mm/yyyy (Tarikh): _____

Hand this form to the staff performing body temperature screening.
Serahkan borang ini kepada kakitangan yang mengendalikan saringan suhu badan.

Temp. _____ °C