



DEKLARASI SARINGAN RISIKO COVID-19 PELAJAR KEMBALI KE KAMPUS
COVID-19 RISK SCREENING DECLARATION FOR STUDENTS RETURNING TO CAMPUS

Tarikh / Date :

Masa / Time :

Nama

Jantina

Name :

Sex :

No. Kad Pengenalan

No. Paspot

Identification Card No. :

Passport No. :

No. Matrik

Umur

Matric No. :

Age :

Kategori Pelajar

- Category of Student :** ☐ Diploma / *Diploma*
☐ Ijazah / *Undergraduate*
☐ Pascasiswazah / *Postgraduate*
☐ Lain-lain / *Others*

Pusat Pengajian

Tahun

School :

Year :

Desasiswa

Hostel :

TUJUAN KEMBALI KE KAMPUS / REASON FOR RETURNING TO CAMPUS :

☐ **LATIHAN INDUSTRI**
INDUSTRIAL TRAINING

Industri / Industry :

Lokasi / Location :

Tempoh / Period :

☐ **PELAJAR PASCA-SISWAZAH MOD PENYELIDIKAN**
POSTGRADUATE RESEARCH STUDENT

☐ **PELAJAR SEMESTER / TAHUN AKHIR YANG MEMERLUKAN PERALATAN KHAS**
FINAL YEAR/ FINAL SEMESTER STUDENT REQUIRING SPECIAL EQUIPMENT

☐ **PELAJAR SEMESTER / TAHUN AKHIR YANG TIDAK MEMPUNYAI AKSES DALAM TALIAN**
FINAL YEAR/ FINAL SEMESTER STUDENT WITHOUT ONLINE ACCESS

☐ **PELAJAR BERKEPERLUAN KHAS**
STUDENT WITH SPECIAL NEEDS

SILA JAWAB DENGAN JUJUR DAN BETUL / PLEASE ANSWER HONESTLY AND TRUTHFULLY

A. SARINGAN RISIKO COVID-19 / COVID-19 RISK SCREENING

BIL.	SOALAN SARINGAN RISIKO COVID-19 / COVID-19 RISK SCREENING QUESTIONS	JAWAPAN / ANSWER	
1.	Adakah anda pernah DISAHKAN POSITIF COVID-19? <i>Have you ever been verified POSITIVE COVID-19?</i>	YA / YES	TIDAK / NO
2.	Adakah anda dalam tempoh dua (2) minggu ini kontak rapat dengan ahli keluarga serumah pesakit COVID-19 atau ahli keluarga serumah COVID-19 yang masih dalam siasatan <i>Have you, over the last two (2) weeks, come into close contact with any COVID-19 patient family members or COVID-19 family members who are persons under investigation (PUI)?</i>	YA / YES	TIDAK / NO
3.	Adakah anda dalam tempoh dua (2) minggu ini kontak rapat dengan kluster pesakit COVID-19 atau kluster COVID-19 yang masih dalam dalam siasatan <i>Have you, over the last two (2) weeks, come into close contact with any COVID-19 patient clusters or COVID--19 patient clusters which are under investigation?</i>	YA / YES	TIDAK / NO
4.	Adakah anda dalam tempoh dua (2) minggu ini melawat / pulang dari luar negara <i>Have you, over the last two (2) weeks, visited / returned from overseas?</i>	YA / YES	TIDAK / NO
5.	Adakah anda dalam tempoh dua (2) minggu ini melawat / pulang dari negeri / daerah / lokaliti PKPD (Perintah Kawalan Pergerakan Diperketatkan) <i>Have you, over the last two (2) weeks, visited / returned from any EMCO state / district / locality (Enhanced Movement Control Order)</i>	YA / YES	TIDAK / NO
6.	Pernah diperintah kawalan kuarantin di rumah oleh Kementerian Kesihatan Malaysia (KKM)? <i>Have you ever been placed under home quarantine order by Ministry of Health Malaysia (MOH)?</i>	YA / YES	TIDAK / NO

B. SARINGAN KESIHATAN GEJALA COVID-19 / HEALTH SCREENING FOR COVID-19 SYMPTOMS

Adakah anda sedang mengalami GEJALA BERIKUT? <i>Do you currently have ANY OF THESE SYMPTOMS?</i>	JAWAPAN / ANSWER	
DEMAM / FEVER	YA / YES	TIDAK / NO
BATUK / COUGH	YA / YES	TIDAK / NO
SAKIT TEKAK / SORE THROAT	YA / YES	TIDAK / NO
SELSEMA / RUNNING NOSE	YA / YES	TIDAK / NO
SESAK NAFAS / SHORTNESS OF BREATH	YA / YES	TIDAK / NO

Saya mengesahkan bahawa semua maklumat yang diberikan adalah betul dan tepat. Tindakan boleh dikenakan jika maklumat yang diberikan adalah palsu.

I hereby declare that all the information given in this form is true and correct. Action can be taken against me if the information provided is false.

Tandatangan / Signature

.....
Nama
Name :

.....
Tarikh / Date



DEKLARASI SARINGAN RISIKO COVID-19
COVID-19 RISK DECLARATION

PENGESAHAN DEKAN / VERIFICATION BY DEAN

Tarikh / Date :

Masa / Time :

Nama
Name :

Jantina
Sex :

No. Kad Pengenalan
Identification Card No. :

No. Pasport
Passport No. :

No. Matrik
Matrix No :

Umur
Age :

No. Telefon
Telephone No :

RISIKO / RISKS	STATUS		TINDAKAN / ACTION
RISIKO COVID-19 COVID-19 RISK	YA / YES	TIADA / NO	Jika Ya, Rujuk Petugas Kesihatan <i>If Yes, Refer Student To Health Personnel</i>
GEJALA COVID-19 COVID-19 SYMPTOMS	YA / YES	TIADA / NO	Jika Ya, Rujuk Petugas Kesihatan <i>If Yes, Refer Student To Health Personnel</i>

TARIKH KEMBALI KE KAMPUS / *BACK TO CAMPUS DATE* :

.....
(Dekan / Dean)

.....
Tarikh / Date

KELULUSAN TIMBALAN NAIB CANSELOR
HAL EHWAL PEMBANGUNAN PELAJAR & ALUMNI / PENGARAH KAMPUS
APPROVAL OF THE DEPUTY VICE-CHANCELLOR
STUDENT DEVELOPMENT AFFAIRS & ALUMNI / DIRECTOR OF CAMPUS

.....
Timbalan Naib Canselor / Pengarah Kampus
Deputy Vice-Chancellor / Director of Campus

.....
Tarikh / Date



GARIS PANDUAN PELAJAR KEMBALI KE KAMPUS
GUIDELINES FOR STUDENTS RETURNING TO CAMPUS

1. PELAJAR YANG AKAN KEMBALI KE KAMPUS PERLU MENGISI **BORANG DEKLARASI SARINGAN RISIKO COVID-19** DENGAN **LENGKAP DAN JUJUR** DAN HENDAKLAH DISERAHKAN KEPADA DEKAN PUSAT PENGAJIAN.
STUDENTS WHO ARE RETURNING TO CAMPUS ARE REQUIRED TO COMPLETE THE COVID-19 RISK SCREENING DECLARATION FORM HONESTLY AND TRUTHFULLY AND SUBMIT THE FORM TO THEIR RESPECTIVE DEANS.
2. PELAJAR KEMBALI KE KAMPUS PERLU MENDAPATKAN **PENGESAHAN DEKAN PUSAT PENGAJIAN**.
STUDENTS WHO ARE RETURNING TO CAMPUS ARE REQUIRED TO SEEK APPROVAL FROM THE DEAN.
3. DEKAN PUSAT PENGAJIAN AKAN MEMBERI **PENGESAHAN UNTUK PELAJAR KEMBALI KE KAMPUS** MENGIKUT TARIKH YANG DITETAPKAN.
THE DEAN WILL GRANT PERMISSION FOR STUDENTS TO RETURN TO CAMPUS ACCORDING TO THE SPECIFIED DATES ONLY.
4. SETIAP PERMOHONAN PERLU MENDAPAT **KELULUSAN TIMBALAN NAIB CANSOLOR HAL EHWAL PEMBANGUNAN PELAJAR & ALUMNI (HEPA) / PENGARAH KAMPUS**.
EACH APPLICATION IS REQUIRED TO OBTAIN APPROVAL OF THE DEPUTY VICE-CHANCELLOR, STUDENT DEVELOPMENT AFFAIRS & ALUMNI / DIRECTOR OF CAMPUS
5. PELAJAR PERLU MENGISI **DEKLARASI KESIHATAN GEJALA COVID-19 HARIAN DAN MEMERIKSA SUHU BADAN SETIAP HARI** SEBELUM MASUK KAMPUS / PUSAT PENGAJIAN / DESASISWA / PEJABAT / PTJ.
STUDENTS ARE REQUIRED TO COMPLETE THE DAILY COVID-19 SYMPTOMS HEALTH DECLARATION FORM AND RECORD THEIR TEMPERATURE EACH TIME BEFORE ENTERING CAMPUS / SCHOOL / HOSTEL / OFFICE / CENTRE OF RESPONSIBILITY.