



MAJLIS PEPERIKSAAN MALAYSIA
MALYSIAN EXAMINATIONS COUNCIL



PEPERIKSAAN/UJIAN STPM/MUET/CEFRR/MedEx/IKLA*
*STPM/MUET/CEFRR/MedEx/IKLA Examination/Test**

SEMESTER/SESI _____ TAHUN _____
SEMESTER/SESSION _____ YEAR _____

BORANG SARINGAN KESIHATAN
HEALTH SCREENING FORM

UNTUK DIISI OLEH CALON YANG MENUMPANG DI PUSAT PEPERIKSAAN/UJIAN
BORANG INI HENDAKLAH DIISI SEKALI SAHAJA
TO BE FILLED BY THE CANDIDATES BOARDING AT THE EXAMINATION/TEST CENTRE
THIS FORM IS TO BE FILLED ONLY ONCE

| MAKLUMAT PERIBADI CALON <i>CANDIDATE'S PERSONAL INFORMATION</i> | |
|---|---|
| Nama: <i>Name:</i> | Bacaan Suhu Badan: <i>Body Temperature Reading:</i> |
| No. Kad Pengenalan/No. Passport*: <i>Identification Card Number/Passport Number*:</i> | Nombor Telefon: <i>Telephone Number:</i> |
| Kod Pusat Peperiksaan/Ujian: <i>Examination/Test Centre Code:</i> | Kewarganegaraan: <i>Citizenship:</i> |
| Nama Pusat Peperiksaan/Ujian: <i>Name of Examination/Test Centre:</i> | |

| PENGISYTIHARAN KESIHATAN CALON (Tanda ✓ di dalam kotak) <i>CANDIDATE'S HEALTH DECLARATION (Mark ✓ in the box)</i> | | | | | | | | | | | | | | | | | |
|---|---|------------------------------|--|--|--|---|--|---|--|------------------------------------|--|--|--|-----------------------------|--|--|--|
| 1. | <p>Adakah anda mempunyai gejala berikut? <i>Do you have the following symptoms?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Demam <i>Fever</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Batuk <i>Cough</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Sakit Tekak <i>Sore Throat</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Sesak Nafas <i>Breathing Difficulties</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="border: none;"> Lain-lain: <i>Others:</i> _____ </td> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Tiada <i>None</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td colspan="2" style="border: none;"></td> </tr> </table> | Demam <i>Fever</i> | | Batuk <i>Cough</i> | | Sakit Tekak <i>Sore Throat</i> | | Sesak Nafas <i>Breathing Difficulties</i> | | Lain-lain: <i>Others:</i> _____ | | | | Tiada <i>None</i> | | | |
| Demam <i>Fever</i> | | Batuk <i>Cough</i> | | Sakit Tekak <i>Sore Throat</i> | | Sesak Nafas <i>Breathing Difficulties</i> | | | | | | | | | | | |
| Lain-lain: <i>Others:</i> _____ | | | | Tiada <i>None</i> | | | | | | | | | | | | | |
| 2. | <p>Adakah anda pernah berhubung rapat dengan sebarang kluster COVID-19 yang dinyatakan oleh KKM atau Pesakit di Bawah Siasatan (PUI) atau pesakit COVID-19 positif dalam masa 14 hari lalu? <i>Have you been in close contact with any COVID-19 clusters stated by MOH or Patients Under Investigation (PUI) or positive COVID-19 patients in the last 14 days?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Ya <i>Yes</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Tidak <i>No</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | Ya <i>Yes</i> | | Tidak <i>No</i> | | | | | | | | | | | | | |
| Ya <i>Yes</i> | | Tidak <i>No</i> | | | | | | | | | | | | | | | |
| 3. | <p>Pernahkah anda ke negara atau kawasan yang terjejas COVID-19 dalam masa 14 hari lalu? <i>Have you been to countries or areas affected by the COVID-19 in the last 14 days?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Ya <i>Yes</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;"> Tidak <i>No</i> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | Ya <i>Yes</i> | | Tidak <i>No</i> | | | | | | | | | | | | | |
| Ya <i>Yes</i> | | Tidak <i>No</i> | | | | | | | | | | | | | | | |

Sila serahkan borang yang telah dilengkapkan kepada Ketua Pengawas pada hari pertama peperiksaan/ujian
 Please submit the completed form to the Chief Invigilator on the first day of the examination/test

Tandatangan : _____
Signature

Tarikh : _____
Date