

	RANACO MARINE SDN. BHD. SAFETY HEALTH ENVIRONMENT & QUALITY DEPARTMENT (SHEQ)	
	DOC. NO.: RM/F/SHEQ	
	SELF DECLARATION & AUTHORIZATION	
Issue No.: 01 Revision No. : 00	Effective Date :01 st March, 2020	Page 1 of 1

Name : _____

ID / Passport No. : _____

Types of Training : _____

Phone Number : _____

Date : _____

I hereby agree / acknowledge and declare to:

(Please tick [/] at the box provided)

1. Have you been in other country or are you coming from any international airport in the last 14 days?

YES, Please specify which country or international airport: _____

NO

2. Have you passed through the country affected by COVID-19 in the last 14 days?

YES NO

3. In the last 14 days, have you had contacts with someone who has been in areas affected and had symptoms such as cough and / or fever?

YES NO

4. Have you had any of the following symptoms in the past 14 days? -

- Temperature rise above 37.2 ° YES NO -
- Cough YES No
- Worsening of general physical conditions YES NO

To the best of my knowledge the information supplied in this form is true and correct and I understand that if any false or deliberately misleading information is given, or any material fact(s) are not disclosed by me, I will be subject to legal action that has been set

Declared by,

Name :

ID / Passport No :