

**COVID-19 SCREENING QUESTIONNAIRE**

APPROVED / NOT APPROVED  
FOR ENTRY

Dear valued Customer, Associates, Vendor, Supplier, Auditor and Contractor.

In line with the latest announcement by WHO (World Health Organization) that COVID-19 crisis is now at **PANDEMIC** stage, (spreading throughout the world), PHN Group has taken precautionary measures to ensure the safety and healthy working environment as well as to protect our valuable employees and visitors.

Hence, prior to your visit to PHN Group, we seek your kind cooperation to respond to the following questionnaires;

Name : \_\_\_\_\_  
Mobile no : \_\_\_\_\_  
Company name : \_\_\_\_\_  
Pls state your business at PHN Group : \_\_\_\_\_  
Arriving at PHN Group (Date) : \_\_\_\_\_ Duration at PHN Group (Days): \_\_\_\_\_  
Your PHN Group contact person : \_\_\_\_\_  
PHN Group contact person signature : \_\_\_\_\_

1. Please state your location (whereabouts) for the last 14 days prior to your visit to PHN Group including transit.

▪ _____	▪ _____	▪ _____
▪ _____	▪ _____	▪ _____
▪ _____	▪ _____	▪ _____

2. Have you been in contact / meeting with a person declared as **COVID-19 POSITIVE** or **Patient Under Investigation (PUI)** over the last 14 days? **YES** or **NO** (Circle your answer)

3. Have you stayed in the same house with spouse/ family/ housemate who is working as a front liner and encounter with Covid-19 patients (i.e. Doctors, Nurses, etc.)? **YES** or **NO** (Circle your answer)

4. Have you been experiencing **FEVER (≥ 37.5°C)** or symptoms of **SORE THROAT, COUGH, FLU** or **BREATHING DIFFICULTY** during the last **14 days**? **YES** or **NO** (Circle your answer)

**Note:** PHN Group will not allow entry to those who have any of these symptoms stated above.

We highly appreciate your true and honest answer on the above questionnaires.

Please be informed that all visitors are required to undergo Health Screening upon arrival and submit all the relevant documentations to security personnel for verification process. Visitor also required to scan the **MySejahtera QR Code** at the Security entrance.

Thank you in advance for your kind attention and cooperation.

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**Applicant:**  
**(Customer, Associates, Vendor, Supplier, Auditor and Contractor)**

**Verified:**  
**(PHN Head of Department)**

.....  
**(Signature)**

.....  
**(Signature)**

**Name:**  
**Company:**  
**Date:**

**Name:**  
**Department:**  
**Date:**