



A Member of  MMC Group

SUPPLIER / VISITOR DECLARATION FORM
(COMPULSORY)

As part of the control measures to prevent the spread of Coronavirus (COVID-19), Pelabuhan Tanjung Pelepas Sdn Bhd ("PTP") requires that any supplier / visitor to fill up this declaration form.

Name :
Company :
Contact number :
Purpose visit :
Date of visit :
PTP personnel to meet :
Date of declaration :

Please CIRCLE the appropriate box. Please provide the necessary details in the 'REMARKS column.

DETAILS	ANSWER		REMARKS
Do you have any fever? (<i>Body temperature \geq 37.5°C</i>)	YES	NO	
Have you recently had any breathing difficulties? (<i>i.e. Shortness of breath, Hard to inhale or exhale</i>)	YES	NO	
Do you have any cough?	YES	NO	
Do you have a sore throat?	YES	NO	
Are you coming from a COVID-19 red zone area? If YES, please state the area	YES	NO	
Have you had a close contact with a confirmed COVID-19 patient? (<i>Close contact means living together in the same household, travelling together, or working together in proximity</i>)	YES	NO	
Have you recently attended any large or mass gathering events?	YES	NO	

Please state the type of event and date attended			
Have you been in close contact with anyone from a COVID-19 red zone area in Malaysia or from anyone who has returned to Malaysia from abroad over the past 14 days?	YES	NO	
Are you aware of the COVID-19 self-precautionary measures? <i>(i.e. face mask, personal hand hygiene, social distancing)</i>	YES	NO	

****PLEASE BRING YOUR OWN FACE MASK DURING VISIT TO PTP**

Signature

Name

Company Stamp