



FOMEMA SDN. BHD. 199601032301 (404653-V)

Foreign Workers' Medical Examination Surveillance System

DECLARATION OF HOME OR SELF-ASSESSMENT CHECK ON FOREIGN WORKER BY THE EMPLOYER

Dear Doctor / Clinic,

As a safety measure in ensuring that this foreign worker is free from the risk of COVID-19 infection, please be assured that I have conducted a self-assessment check on the following foreign worker:-

Name :
Passport Number :
Worker Code :

Referring to the self-assessment check, please find below questions and answers:-

Table with 3 columns: NO., QUESTION, ANSWER (YES/NO). Contains 6 rows of questions regarding fever, breathing, cough, sore throat, overseas travel, and close contact with COVID-19 patients.

*reference made to the virtual self-assessment provided by the Ministry of Health in partnership with DoctorOnCall

I, the undersigned, hereby declare that all the information provided in this declaration are true and correct, and I am aware that the lack of veracity of the information may cause me to be liable for legal responsibility.

Signature :
Name of Employer :
Employer Code :
Date :

DISCLAIMER: FOMEMA Sdn. Bhd. assumes no responsibility and shall not be held liable for any false information given by the employers in regards to the requirement of 14 days self-quarantine period for the foreign worker and all the information provided in this declaration.