



MALAYSIA

Known measures adopted following the A(H1N1) Flu outbreak

Updated 02-May-2009 14:42 CET

	Available Information	Information Validation
FACILITATION		
Concerns:	Health screening was started on 27th April 2009 for passengers on arrival at KLIA and all other international points of entry.	Reported
Measure:	Travelers arriving from affected countries must fill out a form (see below)	Official
TRAVEL ADVISORIES	Ministry of Health of Malaysia: Malaysian nationals are not encouraged to visit the affected areas. See http://www.moh.gov.my/MohPortal/newsFull.jsp?action=load&id=182	Official
OPERATIONS		
Flights affected	N/a	
Measures		

Airlines are advised to refer travellers to IATA Travel Centre: www.iatatravelcentre.com for the latest information regarding immigration restrictions and regulations.

HEALTH DECLARATION FORM



MINISTRY OF HEALTH MALAYSIA

Ladies and gentlemen,

Welcome to Malaysia

Malaysia is taking all the necessary precautionary measures against the spread of Swine Influenza into our country.

If you have travelled to any of the affected areas, or affected countries, you are kindly requested to declare your health status on the overleaf of this card as required under Section 15 of Prevention and Control of Infectious Diseases Act 1988. Any person who does not declare truthfully, will be committing an offence under this Act and if found guilty, shall be liable on conviction to imprisonment for a term not exceeding 2 years or to fine or both.

The Ministry of Health Malaysia values your sincere cooperation in this matter.

NOTICE TO TRAVELLERS

1. Please complete all relevant sections
2. Please tick (✓) where applicable

Disease Control Division, Ministry of Health Malaysia
Level 3, Block E10, Parcel E
Federal Government Administration Centre
62590 Putrajaya
Tel : 03 - 8881 0200/0300 • Fax : 03 - 8881 0500
www.moh.gov.my
(30/04/2009 | Ver: 2.0)

SCHEDULE (Regulation 2)

HEALTH DECLARATION FORM

All persons entering Malaysia shall furnish all the information required in this form.

PART A (General)

1. Full name : _____
(Use block letters)
2. Gender : Male Female
3. Age (year/month) : _____
4. Passport Number : _____
5. Nationality : _____
6. Identity Card No : _____
7. Mode of Transport : Air Sea Land
8. Flight No. / Vehicle Registration No. / Name of ship / Name of Train

9. Seat No : _____
10. Last Place of Embarkation : _____
11. Address in Malaysia : _____
12. Telephone No. House : _____ Office : _____ Mobile: _____

PART B SWINE INFLUENZA A/H1N1

1. Have you been to any area or country with local transmission of Swine Influenza as indicated by World Health Organization over the past 14 days?
Yes No
2. If yes, please specify the said area/countries: _____
3. Date of Departure from the said countries: _____
4. Have you had any of the following symptoms over the past 14 days?

	Yes	No
High fever (more than 38° C or more than 100.4° F)	<input type="checkbox"/>	<input type="checkbox"/>
Cough / Difficulties in breathing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify): _____		
5. Have you been in contact with a person suspected to have Swine Influenza?
Yes No
6. If the answer is **yes** to either of the question above, please report to the Health Quarantine Station

Signature : _____ Date: _____