**PLEASE WRITE THE FOLLOWING DETAILS AND PROVIDE THE PROOF DOCUMENTS FOR FURTHER CONSIDERATION:**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the applicant: |  |
| 2. | Application for (name of travellers): please write the name and IC/passport number with age | List all the names & passport number |
| 3. | Email address |  |
| 4. | State intent of appeal:* Quarantine exemption from quarantine stations.
* Visit sick relative.
* Attending funeral
* Seeking treatment at clinic or hospital or other ailments.
* Early release
* For pregnant women, kindly state your Expected Date of Delivery-EDD (supported with letter from clinic/hospital)
 |  |
| 5. | Status of citizenship Malaysian/Non-Malaysian, and supporting documents (scanned IC **or** Passport). | \*\* please provide copy of the passport  |
| 6. | Relevant supporting documents: 1. Medical records/report.
2. Death certificate (if attending funeral)
3. Permission for hospital admission in Malaysia (if hospital admission is required)
4. Approval for entry by Immigration Department (for non-Malaysian)
5. PCA/RGL approval
6. Work permit
7. Proof of COVID-19 vaccination (please attach the vaccination card)
8. Date of vaccination:Name of vaccine : 1st dose: 2nd dose:
 | Please attached the relevant documentPlease write the vaccination details |
| 7. | Location of funeral/visit sick relative (if applicable) |  |
| 8. | Departing country  |  |
| 9. | Travel details 1. Flight or road
2. Travel date
3. Time of arrival
4. Flight Number
5. Point-of-Entry into Malaysia (eg: KLIA, BSI, KSAB)
 | Please write & provide copy of the flight ticket |
| 10. | i. Name of quarantine station: (if relevant)ii. Date of arrival: |  |
| 11. | Full home address (if requests for home quarantine) |  |
| 12.  | Telephone number:1. Applicant
2. PUS
 |  |
| **HOME SURVEILLANCE ORDER EXEMPTION FORM****HSO TEAM, CPRC****AUGUST 2021** |

**Home risk assessment**

Applicants /PUS are not included in the total number of people.

|  |  |  |
| --- | --- | --- |
|  | **Item** | **Please state the number** |
| 1. | The number of people who live in the house |  |
| 2. | Number of occupants over the age of 60 (elderly) |  |
| 3. | The number of occupants under the age of 12 years (under age) |  |
| 4. | Occupant suffering from a comorbid condition or any illnesses |  |
| 5. | The number of rooms in the house |  |
| 6. | The number of bathrooms/toilets |  |
| 7. | The number of bathrooms/toilets that are connected to the room (attached bathroom) |  |

Please be informed that failure to provide information required will delay the process of approval.