| **HOLISTICS LAB** | | Document No. : |
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| Effective Date : |
| Document : **Halal Assurance System (HAS) Manual** | | Revision |
| Page |
| Section : | Prepared by: **Internal Halal Committee** | Approved by : |

**HEALTH DECLARATION FORM**

Name: ……………………………………………………………. Date: …………………………

No. I / C: ……………………………………… Staff ID : …………………………………………….

Company / Institution / Unit: ………………………………………………………………………….

Position: ………………………………………………………………………………………………...

Address Department / Unit: …………………………………………………………………………..

……………………………………………………………………………………………………………

I hereby declared that I am free from diseases such as under:-

(Tick **/** if you have any of the diseases below)

|  | Measles / chicken pox |
| --- | --- |
|  | Smallpox / measles |
|  | Wound / pus / ulcers / sores |
|  | Cough / cold |
|  | Discharge from the eyes, ears and nose |
|  | Diarrhea |
|  | Others:.................................. |

**Applied by : Accepted by :**

**Signature : Signature :**

**Name : Name :**