**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 * If applying for pregnant women, kindly state your Expected Date of Delivery-EDD (verified with letter from clinic/hospital) |  |
| 5. | Status of citizenship Malaysian/Non-Malaysian, and supporting documents (scanned IC **or** Passport). | \*\* only provide the passport |
| 6. | Relevant supporting documents according to case :   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. If had been vaccinated with COVID -19 Vaccine, kindly provide vaccination card 8. Date for each Covid-19 vaccine receive   1st dose :  2nd dose :  Name of vaccine : | Please attached the relevant document |
| 7. | Location of funeral/visit sick relative ( if applicable) |  |
| 8. | Departing country |  |
| 9. | Travel details   1. Flight or road 2. Travel date 3. Point-of-Entry into Malaysia |  |
| 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**  **MARCH 2021** | | |

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