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

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| --- | --- | --- |
| 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 attach the relevant document  Please 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.

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|  | **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 (underage) |  |
| 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.