GUIDELINES FOR ENTRY POINT SCREENING OF TRAVELLERS DURING MOVEMENT CONTROL ORDER (MCO) (SCREENING FORCORONAVIRUS DISEASE-2019, COVID-19)

A. SCREENING ON-BOARD OF AIRCRAFT PASSENGERS AND CABIN CREWS FROM AFFECTED COUNTRIES (AS PER THE WHO WEBSITE) FOR SUSPECTED CORONAVIRUS DISEASE 2019 (COVID-19)

1. Measures on Board Flight (for All Flights from Affected Countries)

- 1.1 Distribution of Health Declaration Form (HDF)
 - i. All international flights are required to distribute a Health Declaration Form (HDF) (Appendix 1) to all passengers on-board.
 - ii. Crew and passengers are required to fill up the HDF.

1.2 Announcements

- i. The flight commander of the aircraft shall make in-flight announcements. These announcements shall be made, during the flight and just before landing.
- ii. These announcements shall include the following messages:
 - a. During flights

The need for cabin crew to make an announcement of the requirement for passengers with symptoms to identify themselves to the crew, e.g. 'Any passenger with symptoms of COVID-19 infection i.e. fever, cough, sore throat and/or breathlessness to identify themselves to the crew'.

b. Upon Landing

Passengers should also be informed that they will be subjected to undergo a thermal scanner upon arrival.

1.3. Visual Assessment

Crew members must be vigilance on passengers who have symptoms (e.g. fever, cough, sore throat, and/or breathlessness) but they do not identify themselves.

1.4. Management of passengers with symptoms of COVID-19 Infection

- The commander of the aircraft is to inform the authorities of the destination airport with regards to the number of passengers with COVID-19 Infection symptoms as soon as possible.
- ii. The passengers identified are to be given appropriate protective masks (three-ply mask) and if possible, these passengers are to be shifted to an empty area of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- iii. A separate toilet is to be identified for use of such passengers only.

- iv. The crew must wear protective masks and disposable gloves if they have to handle the suspected passengers or their utensils. These utensils are to be packed separately.
- v. The commander of the aircraft is to identify the contacts of the passengers.
- vi. The close contacts are passengers sitting in the same row or within two rows in front or behind the ill passenger, crew managing the case on-board, anyone having contact with respiratory secretions of the ill passenger, anyone on the flight living in the same household as the ill passenger.
- vii. If a crew is a suspect of COVID-19 Infection case, all the passengers are considered close contacts.
- viii. Contacts should provide their contact number and address for the next 14 days to the health authorities.
- ix. The crew has to fill up the Passenger Locator Form for PUI cases (Appendix 2).
- x. All measures are taken on-board to be written and recorded in the Report of Measures Taken On-board Form (**Appendix 3**).
- xi. Both Appendix 2 and Appendix 3 are to be submitted to health officials upon arriving.

1.5 Suspected Covid-19 Infection Case On-Board Flight

- i. Public Health Team, consisting of a medical doctor, Nurse/Medical Assistant, and Assistant Environmental Health Officer (AEHO) will be stationed at the arrival gates.
- ii. The Public Health Teams will go on-board to make an announcement on health inspection to be carried out. The team must also request for the passenger locator form (Appendix 2), report of measures taken on-board (Appendix 3), and a general declaration of health and flight manifest.
- iii. The crew will inform the team regarding suspected passengers. The suspected passengers will be tagging with red tags. The passengers identified are to be given appropriate protective masks (3-ply) and if possible, these passengers are to be shifted to the rear of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- iv. All passengers except cases suspected of COVID-19 Infection will be allowed to disembark the aircraft to proceed for COVID-19 symptoms screening.
- v. The suspected case which has been identified by the crew will be interviewed and history taking and physical examination will be conducted.

- vi. Action to be taken for cases that do not fulfil the case definition of a suspected case of PUI for COVID-19 Infection and passengers/crew without symptoms:
 - a. For specific high-risk group (e.g.Tabligh): take sample COVID-19 and send to the quarantine station and placed under Home Surveillance Order (HSO) (Annex 14a/b).
 - b. For other passengers: placed under HSO.
- vii. Cases suspected of PUI for COVID-19 infection will be referred to the nearest hospital for further management. The doctor in charge should call the Infectious Disease Physician for an opinion before referring the case to the nearest hospital.
- viii. If the passenger with symptoms becomes classified as a PUI case of COVID-19 Infection:
 - a. Refer the case to the hospital for further management and COVID-19 test.
 - b. Notify to health authorities in those areas in which the contacts reside (DHO and State CPRC).
- ix. All other passengers will be quarantined at QS and placed under HSO
- x. If the result of PUI case turns out positive COVID-19, all crew are considered as close contact and need to be referred for COVID-19 test.
- xi. All international flights arriving Malaysian international Points of Entry (PoE) with PUI of COVID-19 infection are required to be disinfected.

- B. SCREENING PROCEDURE AT INTERNATIONAL POINTS OF ENTRY (POE)
 MALAYSIAN PASSENGERS (RETURNEES) AND AIRLINE CREWS (FLOW
 CHART APPENDIX 4 AND 5)
- 1. All non-Malaysian passengers are not allowed to enter Malaysia.
- 2. Health officials must ensure all Malaysian passengers and crews fill-up the HDF (Appendix 1) and detect any symptomatic passengers and crews (HDF will be filled only by those travel by airplane).
- 3. All symptomatic Malaysian passengers and crews will be subjected to history taking and examination as in **Appendix 4**.
- 4. The Health officer in charge will consult the nearest screening centre for a decision on PUI criteria of Malaysian passengers and crews.
- 5. If the PUI criteria are fitted, the health officer in charge is needed to :
 - i. Refer the case to the nearest admitting hospital,
 - ii. Initiate Infection Prevention and Control, and
 - iii. Notify DHO for the progress of the PUI and to initiate contact tracing.
- 6. Steps to be taken if the Malaysian passengers do not fit the criteria of PUI at PoE (refer **Appendix 5**).
 - 6.1 All Malaysian passengers will be asked for COVID-19 test negative documents (valid for 14 days with no symptoms).
 - 6.1.1 If COVID-19 test negative document available:
 - i. Serve HSO (Annex 14a/b) for 14 days at the quarantine station.
 - ii. Monitor health status daily using Daily Home Self-Monitoring Form (Annex 10a/b)
 - iii. Refer to the nearest hospital immediately if they have any symptoms such as fever, cough, runny nose, sore throat, and shortness of breath.
 - iv. Rapid Test Kit (RTK) Antibody (Ab) on day 13.
 - a. If RTK Ab result non-reactive:
 - allow discharge after completing 14 days of quarantine with Release Letter (Annex 17) and permission to travel document from police.
 - The transport arrangement is under passenger responsibility.
 - b. If RTK Ab results reactive:
 - Do the PCR COVID-19 test.
 - If PCR result positive, refer to the hospital for further management.

- If PCR results negative, allow discharge after completing 14 days of quarantine with Release Letter (Annex 17) and travel document from police. The transport arrangement is under passenger responsibility.
- 6.1.2 If COVID-19 test negative document not available:
 - i. Serve HSO for 14 days at the guarantine station.
 - ii. Nasopharyngeal swab for PCR COVID-19 test will be taken on day1:
 - a. If PCR positive refer to hospital for further management.
 - b. If PCR negative, continue quarantine
 - iii. Monitor health status daily using Daily Home Self-Monitoring Form (Annex 10a/b).
 - iv. Refer to the nearest hospital immediately if they have any symptoms such as fever, cough, runny nose, sore throat, and shortness of breath.
 - v. RTK Ab at D13 (refer 6.1.1 iv).
- 6.2 For passengers requested to be quarantine at Sabah/Sarawak:
 - 6.2.1 If COVID-19 PCR test negative document available
 - i. Send them to QS.
 - ii. Allow travel back to Sabah/Sarawak once flight available with travel documents from the police. Travel arrangement to KLIA and flight ticket under the responsibility of the passenger.
 - iii. Once arrived at the respective state, continue guarantine at QS.
 - iv. RTK Ab at D13 (refer 6.1.1 iv)
 - 6.2.2 If COVID-19 PCR test negative document not available
 - i. Send to QS
 - ii. Rapid Test Kit (RTK) Antigen (Ag) at D1
 - a. If RTK Ag result non-reactive allows traveling back to Sabah/Sarawak once flight available (refer 6.2.1 ii-iv).
 - b. If RTK Ag results reactive refer to hospital for further management.
- 7. For asymptomatic airline crews, they will be given HAT and placed under selfquarantine until the next flight. They have to monitor their health status and seek treatment immediately if develop fever or respiratory symptoms such as cough, sore throat, and shortness of breath.

C. SCREENING OF PASSENGER / CRUISE SHIPS / CONVENTIONAL SHIPS FROM AFFECTED COUNTRIES OR WITH SUSPECTED PUI OF COVID-19

- 1. All cruise ship are prohibiting from entering all port in Malaysia except in such conditions:
 - i. Disembarkation of crew or passenger which is seriously ill.
 - ii. To receive supplies (food, water, gas) and repair or maintenance work for the particular vessel.
 - iii. Disembarkation only for Malaysian crew or Malaysia Nationality and should undergo health screening by Port Health before disembarkation. Foreigners are not allowed to disembark.
 - iv. Cruise vessel has permission to dock at international water.
- 2. Assistant Environmental Health Officer (AEHO) receives information from Ship Captain or Shipping Agent on a ship.
- 3. Any ship from an affected country and/or there is a suspected case; the ship will be given quarantine status and to be anchored at the wharf.
- 4. Medical Officer/AEHO will go on-board and verify the health status of passengers or crew from the Captain/Medical Officer on-board. The team must also request a report of measures taken on-board, maritime declaration of health, and other relevant documents.
- 5. Health screening of passengers and crew who disembark is carried out by the Medical Team. Passengers and crew with PUI of COVID-19 infection will be referred to the nearest health facility for management and investigations. The ship will behold and all the passengers and crew not allow disembarking until the result of the COVID-19 test received.
 - i. If the result turned out to be positive, the close contact of the positive case will be referred for the COVID-19 test.
 - ii. If the result turned out to be negative COVID-19, all asymptomatic passengers and crew will be placed under HSO.
- 6. AEHO will carry out an inspection of sanitation on the ship.
- 7. Free Pratique and Port Health Clearance will be issued to the Captain or Shipping Agent if the ship has a good sanitary condition and as Ship Sanitation Control Certificate (SSCC) and Ship Sanitation Control Exemption Certificate (SSCEC) is still valid.
- 8. Order of Ship Sanitation (OSS) will be issued to the Captain or Shipping Agent should there be an unsatisfactory sanitary condition. A re-inspection will be done by AEHO and Free Pratique and Port Health Clearance will be issued to the Captain or Shipping Agent if the Order of Ship Sanitation has complied.

- 9. All cases of PUI COVID-19 infection are to be notified to the National and State CPRC and the nearest DHO.
- 10. All ships arriving Malaysian international Points of Entry (PoE) with PUI of COVID-19 infection are required to be disinfected.

D. PROCEDURE FOR SIGN-OFF AND SIGN-ON SEAFARER (INCLUDING OFFSHORES OIL AND GAS WORKERS)

- 1. Procedure for SIGN-OFF
 - i. Document required from the captain through shipping agents:
 - o Maritime health declaration and other health-related documents
 - o Last port of call for the past 14 days
 - o List of seafarers sign-on for the past 14 days
 - History of contact with positive COVID-19
 - Fever monitoring and health status of seafarers on board
 - ii. All seafarers are subjected to be quarantined for 14 days at the dedicated quarantine station determined by the MOH and placed under Home Surveillance Order (HSO) (Annex 14a/b). Sample PCR COVID-19 will be taken on day 1 and RTK antibody COVID-19 will be taken on day 13.
 - iii. In any medical emergencies, a seafarer is ALLOWED to sign-off at any Malaysia port without undergoing the COVID-19 test and other related screening at PoE.

2. Procedure for SIGN-ON

Malaysian seafarer needs to undergo the COVID-19 test at any private lab/health centre approved by the MOH.

- i. If the result is negative, they will be allowed to SIGN-ON.
- ii. If the result is positive, they will be referred to the hospital for further management.

Note: All non-Malaysian seafarer are not allowed to SIGN-OFF AND SIGN-ON

E. AWARENESS TO PUBLIC, PASSENGERS, CREW AND HEALTH STAFF ON COVID-19 INFECTION

Increase awareness of COVID-19 infection prevention and control measures such as:

- i. Distribution of educational materials such as pamphlets and posters to passengers, crew, airport workers.
- ii. Update information on social media Website, Facebook (FB)
- iii. Providing talks and briefings about the disease, mode of transmission, and prevention and control measures.
- iv. To make health announcements and messages focused on public and tourist areas, especially at international airports and seaports.
- v. Continuous updating information and training including environmental cleaning and disinfection at PoE for all health staff and ground handlers.

F. COLLABORATION WITH OTHER AGENCIES/MINISTRIES

- 1. Ministry of Health (MoH) Malaysia collaborates with other relevant agencies such as The Immigration Department of Malaysia, Airport/Port/Ground crossing authorities and agencies, Airlines, Shipping companies, Ground handlers, etc.
- 2. Dissemination of information regarding COVID-19 infection to personnel and clients going to / coming from the affected countries thus increasing their awareness and to prevent the spread of disease into Malaysia.
- Immigration Department of Malaysia to assist in referring travellers from affected countries to Health Personnel, Health screening area/Health Quarantine Centre for assessment.
- 4. All aircraft/ships/vehicles are required to inform the health authorities at the points of entry if there are passengers from affected countries showing signs and symptoms of COVID-19 infection.
- 5. To obtain assistance and cooperation as and when needed from all agencies/stakeholders in disease prevention and control activities.



HEALTH DECLARATION FORM FOR PASSENGERS ON BOARD

Ladies and Gentlemen.

Welcome to Malaysia.

Malaysia is taking all the necessary precautionary measures against the spread of COVID-19 Infection into our country.

If you have travelled or stayed in affected countries over the past fourteen (14) days, 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 a fine or to both.

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

Thank You.

Director General of Health Ministry of Health Malaysia

Disease Control Division, Ministry of Health Malaysia,
Level 3, 4, 6, Block E10, Federal Government Administration Centre,
Parcel E, 62590 Putrajaya
Tel: 03-8000 8000 Fax no: 03-8888 0643

HEALTH DECLARATION FORM

All person entering Malaysia shall finish all the information required in this Form

PART A (General)

	(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. (if applicable):				
10	10.Last Place of Embarkation:				
11	11. Address in Malaysia:				
12	Telephone No.				
Ho	ouse: Office:				
B.4.	abile:				

PART B COVID-19

1.	. Have you been to any area or countries of COVID-19 as indicated by WHO over the past 14 days?		
	Yes □ No □		
2.	Date of departure from the said country:		
3.	Have you had any of the following symptoms over the past 14 days? Please tick if yes Fever		
	Cough		
	Difficulty in breathing		
	Sore throat		
	Other symptoms (please specify):		
	Have you been in ¹ close contact with person suspected to have COVID-19?		
	Yes No		
	the answer is yes to either of the question above, please report to the Health creening Area.		
¹D	refinition close contact :		
	 Health care associated exposure, including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient Traveling together with COVID-19 patient in any kind of conveyance Living in the same household as a COVID-19 patient 		
	Signature:		
	Date :		

Passenger Locator Form (as per WHO/ICAO)

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease enboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. "Thank you for helping as to protect your health." Thenk you for helping as to protect your health. Thenk you for helping					
suspect a communicable disease enboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. "Thank you for helping as to protect your health. The form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces. IGHT INFORMATION: 1. Airline name 2. Flight number 3. Soat number 4. Date of arrival (yyyy/m	<u></u>				
a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. "Thank you for helping as to protect your health." Thank you for helping as to protect your health. Thank you for helping as to protect yo					
accordance with applicable laws and used only for public health purposes. "Thank you for helping as to protect your health. Thank you for helping as to protect you helping as to protect your health. Thank you for helping as to protect your health. Thank you for helping as to protect your health. Thank you for helping as to protect your health. Thank you for helping as to protect your health. Thank you for helping as to protect your health. Thank you for helping as to protect your health. Thank you for helping as to protect your heal	<u></u>				
AGHT INFORMATION: 1. Airline name 2. Flight number 3. Seet number 4. Dete of arrival (yyyy/m 2 0 1 2 0					
AGHT INFORMATION: 1. Airline name 2. Flight number 3. Seet number 4. Dete of arrival (yyyy/m 2 0 1 2 0	111				
RSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex	1946 / AND 1				
RSONAL INFORMATION: S. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex	100				
	Ш.				
.	sk: 🔲				
ONE NUMBER(5) where you can be reached if needed. Include country code and city code.					
Mobile 10. Business	1				
	Ī				
. Home					
Email address					
	Щ.				
RMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment nu	umber				
. City 17. State/Province					
Country 19. ZIP/Postal code					
MPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.					
Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment n	umber				
. City 24. State/Province					
Country 26. ZIP/Postal code					
SACRANG COMPACT INFORMATION of concess who was not do not a second to the sacrange of the sacr	EMERGENCY CONTACT IN FORMATION of someone who can reach you during the next 30 days				
SERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days Last (Family) Name 29. City					
Last (Family) Name 28. First (Given) Name 29. City					
Last (Family) Name 28. First (Given) Name 29. City					
Last (Family) Name 28. First (Given) Name 29. City					
Last (Family) Name 28. First (Given) Name 29. City					
Last (Family) Name 28. First (Given) Name 29. City					
Last (Family) Name 29. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years					
Last (Family) Name 29. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years					
Last (Family) Name 28. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only Include age if younger than 18 years It (Family) Name First (Given) Name Seat number Age Seat number	T T T T T T T T T T T T T T T T T T T				
Last (Family) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years at (Family) Name Seat number Age					
Last (Family) Name 28. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only Include age if younger than 18 years It (Family) Name First (Given) Name Seat number Age Seat number					
Last (Family) Name 28. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years It (Family) Name First (Given) Name Seat number Ag					
Last (Family) Name 28. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years (Family) Name First (Given) Name Seat number Agents Agents Seat number	1 1 1 1 1 1 1 1 1 1				
Last (Family) Name 23. First (Given) Name 23. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years (Family) Name First (Given) Name Seat number Agenty Seat number TRAVEL COMPANIONS – Non-FAMILY: Also include name of group (if any)					
Last (Family) Name 28. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only Include age if younger than 18 years t (Family) Name First (Given) Name Seat number Age TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any) t (Family) Name Group (tour, trom, business					
Last (Family) Name 23. First (Given) Name 23. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years (Family) Name First (Given) Name Seat number Agenty Seat number TRAVEL COMPANIONS – Non-FAMILY: Also include name of group (if any)					
Last (Family) Name 28. First (Given) Name 29. City Country 31. Email Mobile phone 33. Other phone TRAVEL COMPANIONS – FAMILY: Only Include age if younger than 18 years t (Family) Name First (Given) Name Seat number Age TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any) t (Family) Name Group (tour, trom, business					

REPORT OF MEASURES TAKEN ON BOARD THE FLIGHT

Name of Flight Commander:	
Name of Airline:	Flight Number:
Port of embarkation :	Date of Arrival:
No. of passengers with symptoms of suspand 19) Infection	pected Coronavirus Disease 2019 (COVID
Seat numbers of passengers with sympton	ms
Measures Taken Onboard :	

Name of authorized airline representative:	
Signature	Weight to
Date	

CLERKING SHEET TEMPLATE AT MALAYSIA POINT OF ENTRY

Date	:Inter	viewer's Name :			
A. P	atient's Details				
Patie	nt's Name :				
Patient's Name :					Gender: M / F
Address in country of origin :					
Addr	ess in Malaysia :				
	act number in Malaysia:				
	nality: Malaysian / Non				
	of Kin (Name & Contact):				
	cavel History Country/State/Province	Duratio	on of Stay	Name of	f Airline, Flight No
110.	Visited	From (dd/mm/yr)			l Number:
1.		The Control of the Co			
2.					
3.					
Date	e of return to Malaysia:	Entry Point:			
C. Si	gn and Symptoms Symptoms		ii. Vital Si	ian	
	e of Onset:		Temperature:	igii	
Feve			*Blood Pressure	(mmHg)	
Cou			*Pulse Rate (/ mi		
Brea	thlessness:		*Respiratory Rat		
				*SpO ₂ (if available)	
Othe	er symptoms:		*Other vitals:		
iii. *F	Respiratory Findings		,		
	Other relevant clinical ory and examination				

^{*} to be filled by paramedic or doctor

D. I	Epidem	iological	Risk Assessmen	t
------	--------	-----------	----------------	---

Within 14 days before onset of the illness, did you: (Please tick the relevant answer)

- 1. have close contact² with a confirmed or probable (hospitalized or under quarantine) suspected COVID-19 infection case in ¹affected countries?
- 2. Travel to or reside in country with known transmission of COVID-19 infection outbreak? (name the country: _____)

3.	Any additional information:			

- a) Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient).
- b) Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient
- c) Traveling together with COVID-19 patient in any kind of conveyance
- d) Living in the same household as a COVID-19 patient

¹ Affected Countries as per WHO website

²Close contact is defined as:

FLOW CHART: SCREENING PROCEDURE AT FLOW CHART: SCREENING PROCEDURE AT INTERNATIONAL POINT OF ENTRY INTERNATIONAL POINT OF ENTRY FOR **MALAYSIAN RETURNEES** MALAYSIAN REQUESTED TO BE **QUARANTINE AT SABAH/SARAWAK** Arrival at the international entry points Arrival at the international entry points Assessment by health authority (at health screening area) Assessment by health authority Follow Clerking Sheet (at health screening area) Follow Clerking Sheet Consult nearest screening centre Consult nearest Non PUI screening centre PUI PUI Non PUI Quarantine station and Referral to nearest placed under HSO Quarantine station and admitting hospital Referral to nearest placed under HSO admitting hospital +ve PCR D1 reactive RTK Ag D1 -ve reactive +ve Non reactive **PCR** RTK Ab D13 Allow travel back to Sabah/Sarawak Travel document from police Non reactive -ve Arrange next flight back by passenger +46 Discharged Travel document from police Once arrived at respective state, Arrange transport continue quarantine at state QS back by passenger reactive **PCR** RTK Ab D13 Non reactive Discharged -ve Travel document from police Arrange transport back by passenger *Note: For Malaysian who have PCR test negative from other countries, HSO at QS for 14 days and undergo RTK Ab at D13 only. *have PCR test negative (within 14 days before arrival)