

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: <ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> Medical records/report. Death certificate (if attending funeral) Permission for hospital admission in Malaysia (if hospital admission is required) Approval for entry by Immigration Department (for non-Malaysian) PCA/RGL approval Work permit Proof of COVID-19 vaccination (please attach the vaccination card) Date of vaccination: <p>Name of vaccine :</p> <p>1st dose:</p> <p>2nd dose:</p> 	<p>Please attached the relevant document</p> <p>Please write the vaccination details</p>
7.	Location of funeral/visit sick relative (if applicable)	
8.	Departing country	
9.	Travel details <ol style="list-style-type: none"> Flight or road Travel date Time of arrival 	Please write & provide copy of the flight ticket

	iv. Flight Number v. Point-of-Entry into Malaysia (eg: KLIA, BSI, KSAB)	
10.	i. Name of quarantine station: (if relevant) ii. Date of arrival:	
11.	Full home address (if requests for home quarantine)	
12.	Telephone number: i. Applicant ii. PUS iii.	
<p align="center">HOME SURVEILLANCE ORDER EXEMPTION FORM HSO TEAM, CPRC AUGUST 2021</p>		

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 more than 60 years old - please specify their age accordingly	
3.	The number of occupants under the age of 12 years old (under age) - please specify their age accordingly	
4.	Occupant suffering from a comorbid condition or any illnesses	
5.	Number of pregnant occupants	
6.	The number of rooms in the house	
7.	The number of bathrooms/toilets	
8.	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.