

HEALTH DECLARATION FORM
GIVE CHECK SIGN (✓) ACCORDING TO YOUR DAILY ACTIVITIES
CALCULATE THE CHECK SIGN (✓) FOR "YES" ANSWERS

Name : _____

Age : _____

No	ACTIVITIES	YES	NO
1	I AM OUTSIDE THE HOUSE		
2	I AM USING PUBLIC TRANSPORT, TAXI OR OJEK ONLINE		
3	I AM USING CITY TRANSPORT		
4	I AM USING BUS		
5	I AM USING BAJAJ		
6	I AM USING TRAIN		
7	I AM NOT USING A MASK WHEN OUTSIDE		
8	I SHAKE HANDS WITH OTHERS		
9	I AM NOT WASHING HANDS REGULARLY		
10	I AM NOT USING HAND SANITIZER REGULARLY		
11	I DO NOT KEEP DISTANCE WITH OTHERS WHEN DOING ACTIVITIES OUTSIDE, WORKING, PRAYING OR, SHOPPING		
12	I DO NOT WASH HANDS WHEN I GET HOME		
13	I WAS IN THE INFECTED REGION / RED PROVINCE		
14	MY AGE IS ABOVE 60 YEARS		
15	I HAVE; HEART DISEASE, CHRONIC FATIGUE, CHRONIC RESPIRATORY FAILURE, FLU, COUGH, FEVER, SORE THROAT		
	TOTAL ANSWERS "YES"		

IF TOTAL ANSWERS " YES " 0 – 5 = LOW RISK

IF TOTAL ANSWERS " YES " 6 – 10 = MEDIUM RISK

IF TOTAL ANSWERS " YES " 11 – 15 = HIGH RISK

IF STAYED AT HOME RISK " 0 "
IF OUT FROM HOME CALCULATE RISK

SIGNATURE