



SELF DECLARATION (COVID-19 CONTROL)

- | | YES | NO |
|---|-----|-----|
| 1. Have you travelled internationally in the last 14 days. | () | () |
| 2. Have you been in close contact with person suspected to have COVID-19 in the last 14 days. | () | () |
| 3. Are you currently suffer from any of the following symptoms in the last 14 days. | | |
| - Coughing problem | () | () |
| - Fever (body temperature more than 37.5 Celsius) | () | () |
| - Difficulty in breathing | () | () |
| - Sore Throat | () | () |

I _____ do hereby declare to the best of my knowledge that the information disclosed above is correct at the time of completion. I further undertake to inform the **Lawn Tennis Association of Malaysia** should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracking.

Date : _____ Signature : _____

Email address : _____

H/P No. : _____