**QID No :**

**Name:**

| **Question** |  |  |
| --- | --- | --- |
| Age is 55 years and above | Yes | No |
| Organ transplant recipient | Yes | No |
| Patients with high blood pressure (Hypertension) | Yes | No |
| Bone marrow transplant recipient | Yes | No |
| Patient with conditions that require immune-suppressive treatment | Yes | No |
| Patient with heart failure or coronary artery disease | Yes | No |
| Patient with moderate to severe asthma | Yes | No |
| Cancer patient, disease spread to other parts of the body and is on treatment (Chemotherapy or Radiotherapy) | Yes | No |
| Pregnant female (any trimester) | Yes | No |
| Nursing mother with children aged 0-5 years | Yes | No |
| Patient with end stage renal failure (ESRD) or on dialysis | Yes | No |
| Patient with CLD (chronic liver disease) and decompensation | Yes | No |
| Patient with lower limb amputations | Yes | No |
| Person with disabilities where they are dependent on others for their activities of daily living | Yes | No |
| Children with disabilities and their mothers | Yes | No |
| Patient with epilepsy and on treatment | Yes | No |
| Patient with diabetic foot infections | Yes | No |
| Person with deceased first degree relative in last 10 days | Yes | No |
| Person with mental health problems on antipsychotic medications and whose condition is aggravated by staying in closed spaces. | Yes | No |
| Patient with Diabetes on treatment (any A1C level) | Yes | No |
| Patient with Morbid Obesity (BMI >40) | Yes | No |

##### If you answered ‘Yes’ to any of the above medical conditions and have travelled together with your immediately family and/or health caregiver, household helper, driver, please complete their details below:

| **Relationship** | **Name** | **QID Number** | **Passport Number** | **Health Card Number** | **Phone Number** |
| --- | --- | --- | --- | --- | --- |
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