

AZON CONNECT PEOPLE DEVELOPMENT SDN BHD

40-1A & 40-1B Jalan Puteri 1 / 2,
Bandar Puteri, 47100 Puchong, Selangor.
Tel : (603) 8063 8305/019-297 1431
Website: www.azon.my Email: azon@azon.my



Dear parents, guardians, visitors and staff.

Greetings from Azon.

In view of the recent COVID-19 epidemic, AZON has been implementing several preventive measures across our operations to help contain the potential spread of the virus and ensure the well-being of our children, parents/ guardians, employees and guests.

Before attending to AZON premise, kindly do the following.

1. For existing class: Please inform us as soon as possible the return class date.
No last minute class allowed to avoid crowd.
For visitor: Please call us to set an appointment. Strictly no walk in allowed.
2. Please read our **SOP: POST-LOCKDOWN COVID-19 SAFETY GUIDANCE** carefully.
3. Please also fill up **SELF-DECLARATION & HEALTH FORM**.

We will continue to undertake these necessary measures for as long as they are required as the safety of our children, parents/ guardian and staff are paramount to us.

AZON and team value your sincere cooperation in this matter.

Stay safe, stay positive.

With best regards,

The Management
Azon Connect People Development Sdn Bhd

SELF-DECLARATION & HEALTH FORM

Due to the ongoing and rapidly changing situation with the novel-coronavirus (COVID-19), we are requiring all parents/guardians, visitors and staff who attend to AZON premise to fill-out the self-declaration & health form below. AZON will make a decision on access to the premise based on the answers provided below.

24 hours prior to your attendance/appointment, please send it back to us at 011-14310558 or azon@azon.my

Caregiver/Visitor/Staff Name (as in IC):	
Case/Child Name (as in IC)	
Arrival Date:	
Contact No:	

1. Do you have any of the following flu-like symptoms:

Fever (37.5 C° or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others: Please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please list the country/cities you have travelled to in the last 14 days prior to arriving at AZON.

☐ N/A

☐ Yes (Please fill up details below)

Name of Country/City:			
Date of arrival:			
Date of departure:			

3. Have you or an immediate family member come in close contact with a confirmed case of the coronavirus in the last 14 days? (*“Close contact” means being at a distance of less than one metre for more than 15 minutes.*)

I have been in close contact with a confirmed case of coronavirus in the last 14 days.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

This document will be retained confidentially by AZON for one month after submission.

The health and wellbeing of our community is our first priority therefore AZON reserves the right to deny entry to the premise.

Signature: _____

Date: _____