



Listing for Home Quarantine/Home Isolation For COVID-19

Employer/Owner Information:

Name: _____
Contact No.: _____

ID No.: _____
Email address: _____

Establishment Information:

Floor Area of Quarantined/Isolation _____

Capacity _____

For Quarantine For Isolation

House Apartment Dormitory Building

Address: _____ District: _____ Street: _____

Details of Quarantine/Isolation Accommodation - Facilities Available (tick as appropriate and specify number)

- Room _____ Kitchen _____ Toilets _____
 Shower _____ Telephone _____ Hall _____
 Pantry _____ Sitting room _____
 Hand washing facilities _____
 Rooms if separate: _____

Person designated to monitor:

Name: _____
Contact No.: _____

ID No: _____
Email address: _____

For Official Use: _____

Received by:

Date: _____
Name: _____
Signature: _____