



**DECLARATION FORM: FULL COMPLIANCE AND
VISITING COUNTR(IES) AT HIGH RISK OF TRANSMISSION OF COVID-19**

Public Servant's Full Name : _____

I am the public servant above and I hereby declare that -

1. I have read, kept up-to-date and fully understood that the advice given by the Ministry of Health (including the following) are important and failure to comply may pose a risk to my health, safety and welfare and of those around me;
 - a. Press release dated 11 February 2020: Health Information on the Current Situation of the Novel Coronavirus (COVID-19) Infection;
 - b. Press release dated 4 February 2020: Health Advice Line;
 - c. Press release dated 4 February 2020: Information on Self-Isolation for Individuals who have Returned to Brunei Darussalam from the People's Republic of China;
 - d. Press release dated 30 January 2020: Current Situation of the Novel Coronavirus (COVID-19) Infection and Measures Taken by Brunei Darussalam;
 - e. Self-Isolation Policy; and
 - f. Steps you Can Take to Clean and Disinfect your Home;
2. Further, I have read, kept up-to-date and fully understood all guidelines and advice given by the Prime Minister's Office that concern public servants, including the following –
 - a. Surat Keliling Jabatan Perdana Menteri Bil: 01/2020: Garispanduan Langkah Persediaan dan Pencegahan Jangkitan Coronavirus Baru (2019-Ncov) bagi Perkhidmatan Awam Negara Brunei Darussalam; and
 - b. Surat Keliling Jabatan Perdana Menteri Bil: 03/2020: Pengemaskinian Garispanduan Langkah Persediaan dan Pencegahan Jangkitan Coronavirus Baru (COVID-19) bagi Perkhidmatan Awam Negara Brunei Darussalam.
3. I have been advised to delay non-essential travel to countr(ies) at high risk of transmission of Covid-19 until approval has been granted by the relevant authorities of Brunei Darussalam;
4. I understand that failure to comply with the above advise and guidelines risks compromising safeguarding provisions for myself and those around me in the event of emergencies; and

5. I hereby commit to full compliance with the above. However, due to unavoidable circumstances, namely, _____ I must travel to _____ as stated in my _____. I do so at my own risk and accept full responsibility for any consequences of that decision.

Public Servant's Signature

Date

Head of Department's Signature

Date