

## CORONAVIRUS DISEASES 2019 (COVID-19) MEDICAL SCREENING

### SKRINING MEDIS VIRUS CORONA 2019 (COVID-19)

Name / Nama		Company or individual / Perusahaan atau perorangan	
Mobile No / Nomor Handphone		Keperluan / Purpose	
Address / Alamat Tinggal			

During Covid-19 pandemic, PT United Tractors Tbk is concerned for the safety of you and others. In the interest of ensuring a safe and healthy work environment we request you to complete this self-assessment.

Selama masa pandemi Covid-19, PT United Tractors Tbk sangat memperhatikan keselamatan Anda dan orang lain. Untuk memastikan lingkungan kerja yang sehat dan aman, kami meminta Anda untuk mengisi formulir pemeriksaan mandiri berikut.

No No	To be completed by all personel (employees, contractors, visitors) Dilengkapi oleh semua orang (pekerja, kontraktor, pengunjung)	Yes Ya	No Tidak
1.	Have you traveled overseas / outside the Jabodetabek regions in the past 14 days? <i>Apakah Anda melakukan perjalanan ke luar negeri / luar kota Jabodetabek dalam 14 hari terakhir?</i>  If "Yes", please write down the name of countries / cities that you've just visited : ..... <i>Jika "Ya", sebutkan nama negara / kota yang Anda kunjungi : .....</i>		
2.	Have you ever been in contact with someone who is confirmed positive Covid 19 in the past 14 days? <i>Apakah Anda pernah kontak dengan orang yang terkonfirmasi positif Covid 19 dalam 14 hari terakhir?</i>		
3.	Do you have fever and cough in the last 48 hours? <i>Apakah Anda menderita batuk dan demam dalam 48 jam terakhir?</i>		
4.	Are you suffering from cough, shortness of breath or breathing difficulty? <i>Apakah Anda sedang mengalami batuk, sesak nafas, atau sulit bernafas?</i>		
5.	Your current temperature : ..... (filled in by UT health officer at the venue) <i>Suhu tubuh Anda saat ini : ..... (diisi oleh petugas kesehatan UT di tempat acara)</i>		

If the answer to any of the above questions:

*Jika salah satu jawaban dari pertanyaan:*

- **If YES for any of 1, 2 and NO for 3, 4 :** You are allowed to enter the venue of AGMS of the PT United Tractors Tbk.  
*Jika YA untuk 1, 2 dan TIDAK untuk 3, 4 : Anda diperbolehkan masuk tempat acara RUPS PT United Tractors Tbk.*
- **If NO for any of 1, 2 and YES for 3, 4 :** You have developed symptoms of influenza. You may have had exposure to Covid-19 and may not enter the venue of AGMS of the PT United Tractors Tbk.  
*Jika TIDAK untuk 1, 2 dan YA untuk 3, 4 : Anda mengalami gejala influenza. Anda mungkin telah terpapar Covid-19 dan tidak dapat memasuki tempat acara RUPS PT United Tractors Tbk.*
- **If you temperature is >37.3 degree Celsius (refer to no.5) :** You have developed symptoms of influenza. You may have had exposure to Covid-19 and may not enter the venue of AGMS of the PT United Tractors Tbk.  
*Jika suhu tubuh >37,3 derajat Celcius (pada pertanyaan no.5) : Anda mungkin telah terpapar Covid-19 dan tidak dapat memasuki tempat acara RUPS PT United Tractors Tbk.*

Date / Tanggal : \_\_\_\_\_

\_\_\_\_\_  
 Name & Signature  
 Nama & Tanda Tangan

\_\_\_\_\_  
 Officer  
 Petugas