



**DISEASE CONTROL DIVISION
MINISTRY OF HEALTH
MALAYSIA**

UNUSUAL ABSENTEEISM REPORT

| | | |
|---|---|--|
| Date | : | |
| | | |
| What do you want to report? / What happened? | : | |
| | | |
| When did this happen? (dd/mm/yyyy) | : | |
| | | |
| Where did this happen? (e.g. workplace, school etc.) | : | |
| | | |
| How many has been affected? | : | |
| | | |
| Has anyone been admitted? How many? | : | |
| | | |
| Other information you have? | : | |
| | | |
| What is your name & contact number? | : | |

Signature:

Reporting Officer:

Designation:

Date:

*Please fax this form **within 24 hours** to the nearest District Health Office and Crisis Preparedness and Response Centre (CPRC),
Disease Control Division, Ministry of Health Malaysia (fax no.: 03-8881 0400 / e-mail: cprc@moh.gov.my)*