PUBLIC SERVANT DECLARATION FORM: FULL COMPLIANCE AND VISITING COUNTRIES AFFECTED BY THE COVID-19 INFECTION

Public Servant’s Full Name: ________________________________

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

1. I have read and fully understand the various press release, information, advice, policy, guidelines, publications and materials issued by the Ministry of Health before and on the day of my departure pertaining to the current COVID-19 infection, including among others and not limited to the following:
   a. Press releases dated 10, 11, 12, 13, 14 and 15 March 2020: Media Statement on the Current COVID-19 Infection in Brunei Darussalam;
   d. Press release dated 4 February 2020: Health Advice Line;
   e. 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;
   f. Press release dated 30 January 2020: Current Situation of the Novel Coronavirus (COVID-19) Infection and Measures Taken by Brunei Darussalam;
   g. Self-Isolation Policy; and
   h. “Steps you Can Take to Clean and Disinfect your Home”;

2. Further, I have read, kept up-to-date and fully understood all the guidelines in the circulars (surat keliling) issued by the Prime Minister’s Office (JPM) before and on the day of departure that concern public servants, including the following –

c. 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; and


3. In accordance with the above, I will comply with any travel advisories and restrictions in force, until approval has been granted by the relevant authorities of Brunei Darussalam;

4. I understand that the above are important and failure to comply may pose a risk to my health, safety and welfare and the vulnerable associated with family, friends and people in close contact with me, as well as 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, ____________________________, it is essential for me to travel to ____________________________ as stated in my JPM application with supporting documents ____________________________ ____________________________ ____________________________. 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

__________________________  ____________________________
Head of Department's Name    Department's Name