NOTICE ON MAvA OPERATIONS
NOTICE 10/2020

New Standard Operating Procedure for Visitors to The Malaysia Aviation Academy

PUTRAJAYA – Pursuant to the Recovery Movement Control Order (RMCO) issued by the Government of Malaysia from 10 June 2020 to 31 August 2020 and the Civil Aviation Authority of Malaysia (CAAM) resuming its business operation while observing the directives from the Malaysian National Security Council and the Ministry of Health Malaysia; the Malaysia Aviation Academy (MAvA) will re-start its training and courses activities starting from 29th June 2020.

The following are the SOPs and guidelines to be observed while entering MAvA premises:

1. Only visitors with confirmed appointment or prior approval will be allowed entry into MAvA premises.

2. It is mandatory for all visitors to wear a face mask.

3. Temperature checks will be carried out at the main entrance by on-duty RELA personnel. You will NOT be allowed to enter if your temperature is 37.3 degrees Celsius and above or have any COVID-19 symptoms.

4. Malaysian visitors are required to scan the QR code or manually register your name and contact number. Non-Malaysian visitors must fill up the Health Declaration Form in Appendix A.
Note: If you have visited or stayed in any affected countries over the past fourteen (14) days, you must declare your health status on the form which is required under Section 15 of Prevention and Control of Infectious Diseases Act 1988. Any person who does not declare truthfully will be committing an offence under this Act and if found guilty shall be liable to conviction of imprisonment for a term not exceeding 2 years or to a fine or both.

5. Please use the hand sanitizer provided at the building, hall and room entries.

6. Please keep a safe physical distance of 1 metre from others and kindly observe the distanced seating arrangements implemented in the café, library, classrooms and halls.

7. Visitors to the e-examination centre must abide to the instructions by CAAM officers on-site for the efficient management and conduct of examinations.

8. All payment shall be made via cheque or electronic fund transfer.

9. Course participants shall abide to the detailed guidelines provided prior to start date and pertinent to the type of course attended.

Stay Safe, Stay Home and Protect Your Community!

CAPTAIN CHESTER VOO CHEE SOON
Chief Executive Officer
Civil Aviation Authority of Malaysia

24 JUNE 2020
APPENDIX A

HEALTH DECLARATION FORM

If you have travelled or stayed in affected countries over the past fourteen (14) days, you are kindly requested to declare your health status on the form which is required under Section 15 of Prevention and Control of Infectious Diseases Act 1988. Any person who does not declare truthfully will be committing an offence under this Act and if found guilty shall be liable on conviction to imprisonment for a term not exceeding 2 years or to a fine or to both.

PART A
(General)

1. Full Name: ..............................................................................................................

(Use block letters)

2. Gender: Male ☐ Female ☐

3. Age (year/month) : ..............................................................................................

4. Passport Number : ..............................................................................................

5. Nationality : ...........................................................................................................

6. Identity Card No : ...................................................................................................

7. Address in Malaysia: ............................................................................................

.................................................................
.................................................................

8. Telephone No.:

House: ................................................. Office: .................................................

Mobile: .................................................
PART B
COVID-19

1. Have you been to any area or countries of COVID-19 as indicated by WHO over the past 14 days?
   Yes ☐ No ☐

2. Date of departure from the said country: ..............................................................

3. Have you had any of the following symptoms over the past 14 days? Please tick if yes
   Fever ☐
   Cough ☐
   Difficulty in breathing Sore throat ☐
   Other symptoms (please specify): .................................................................

   Have you been in close contact with person suspected to have COVID-19?
   Yes ☐ No ☐

   If the answer is yes to either of the question above, please report to the Designated Hospitals or Health Screening Centre handling COVID-19 cases.

   Definition of close contact:
   • Health care associated exposure, including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient.
   • Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient
   • Traveling together with COVID-19 patient in any kind of conveyance
   • Living in the same household as a COVID-19 patient

   Signature : .................................

   Date : ..................................