



**APPLICATION FORM FOR DEATH AND CRITICALLY ILL EMERGENCY VISITS (DCEV)**

Date of Application:

**A. POINT OF ENTRY**

- BANGUNAN SULTAN ISKANDAR, JOHOR  
 KOMPLEKS SULTAN ABU BAKAR, JOHOR  
 KUALA LUMPUR INTERNATIONAL AIRPORT

**B. TRAVELLER(S) DETAILS**

➤ **TRAVELLER 1**

- NAME: \_\_\_\_\_
- IC NO./PASSPORT NO.: \_\_\_\_\_
- NATIONALITY: \_\_\_\_\_
- RELATIONSHIP WITH THE DECEASED / CRITICAL ILL FAMILY MEMBER: \_\_\_\_\_
- CONTACT NO. & EMAIL: \_\_\_\_\_

➤ **TRAVELLER 2**

- NAME: \_\_\_\_\_
- IC NO./PASSPORT NO.: \_\_\_\_\_
- NATIONALITY: \_\_\_\_\_
- RELATIONSHIP WITH THE DECEASED / CRITICAL ILL FAMILY MEMBER: \_\_\_\_\_
- CONTACT NO. & EMAIL: \_\_\_\_\_

**C. DETAIL OF VISIT (CHOOSE ONE)**

- DEATH OF FAMILY MEMBERS**
- ❖  Death certificate (present)
  - ❖  Document to prove familial connection
  - ❖  Other document \_\_\_\_\_ (please specify the document)
  - ❖ Address for the visit: \_\_\_\_\_
  - ❖ Date and time of the visit : \_\_\_\_\_
- VISITING CRITICAL ILL FAMILY MEMBERS**
- ❖  Document to prove familial connection
  - ❖  Other document \_\_\_\_\_ (please specify the document)
  - ❖ Address for the visit: \_\_\_\_\_
  - ❖ Date and time of the visit : \_\_\_\_\_

**FOR HEALTH STATE DIRECTOR**

**D. RTK Ag RESULT**

- Positive  
 Negative

**Approved by:**

**E. STATUS OF APPLICATION**

- Approved  
 Not Approved