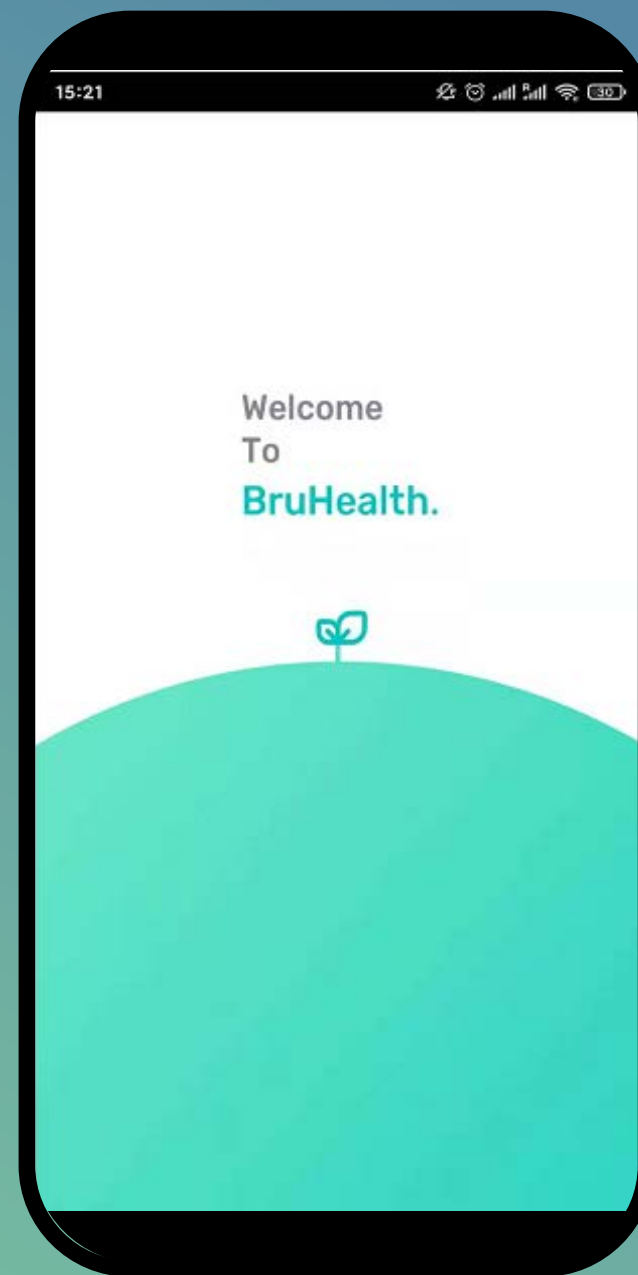
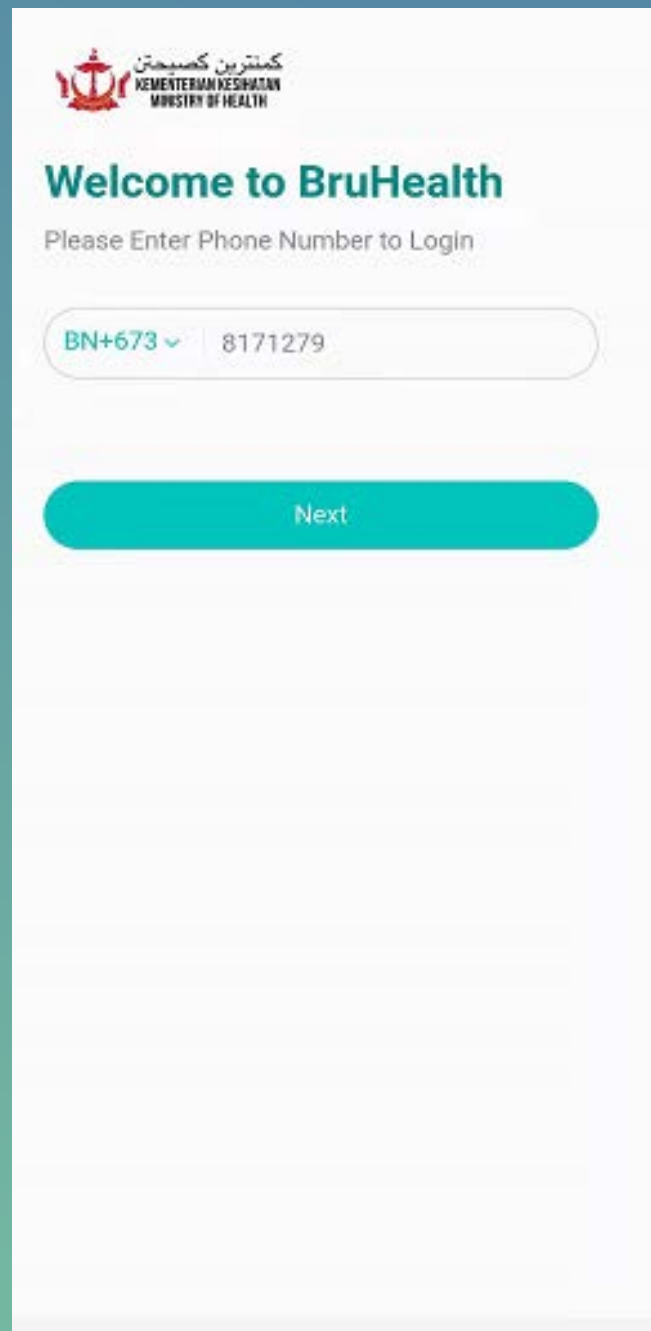


BruHealth. 日常填报指南



新用户首次注册

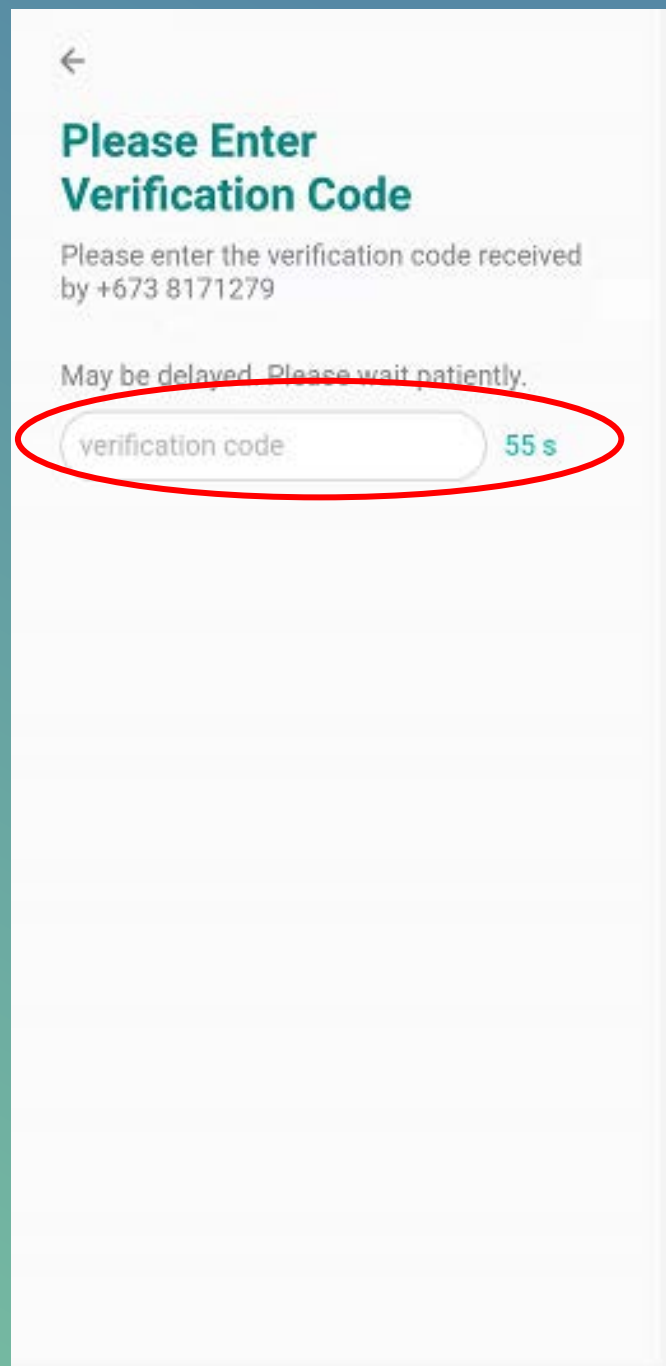
首次注册，请输入有效手机号进行申请
输入手机号，点击Next.



The screenshot shows the BruHealth app's login interface. At the top, there is a logo for the Ministry of Health of Brunei Darussalam, featuring a red crest and the text 'KEMENTERIAN KESIHATAN' and 'MINISTRY OF HEALTH'. Below the logo, the text 'Welcome to BruHealth' is displayed in a bold, teal font. Underneath, a prompt reads 'Please Enter Phone Number to Login'. A white input field with a teal border contains the phone number 'BN+673' followed by a dropdown arrow and the number '8171279'. Below the input field is a large, teal, rounded rectangular button with the word 'Next' in white text.

新用户首次注册

请填写所收到的一次性验证码

A screenshot of a mobile application's verification screen. At the top left is a back arrow. The title 'Please Enter Verification Code' is in bold green. Below it, a message says 'Please enter the verification code received by +673 8171279'. A smaller line of text reads 'May be delayed. Please wait patiently.' Below this is a red oval highlighting a text input field with the placeholder 'verification code' and a green timer '55 s' to its right.

←

**Please Enter
Verification Code**

Please enter the verification code received
by +673 8171279

May be delayed. Please wait patiently.

verification code 55 s

新用户首次注册

填写必要信息（中方员工选择Non-Resident）

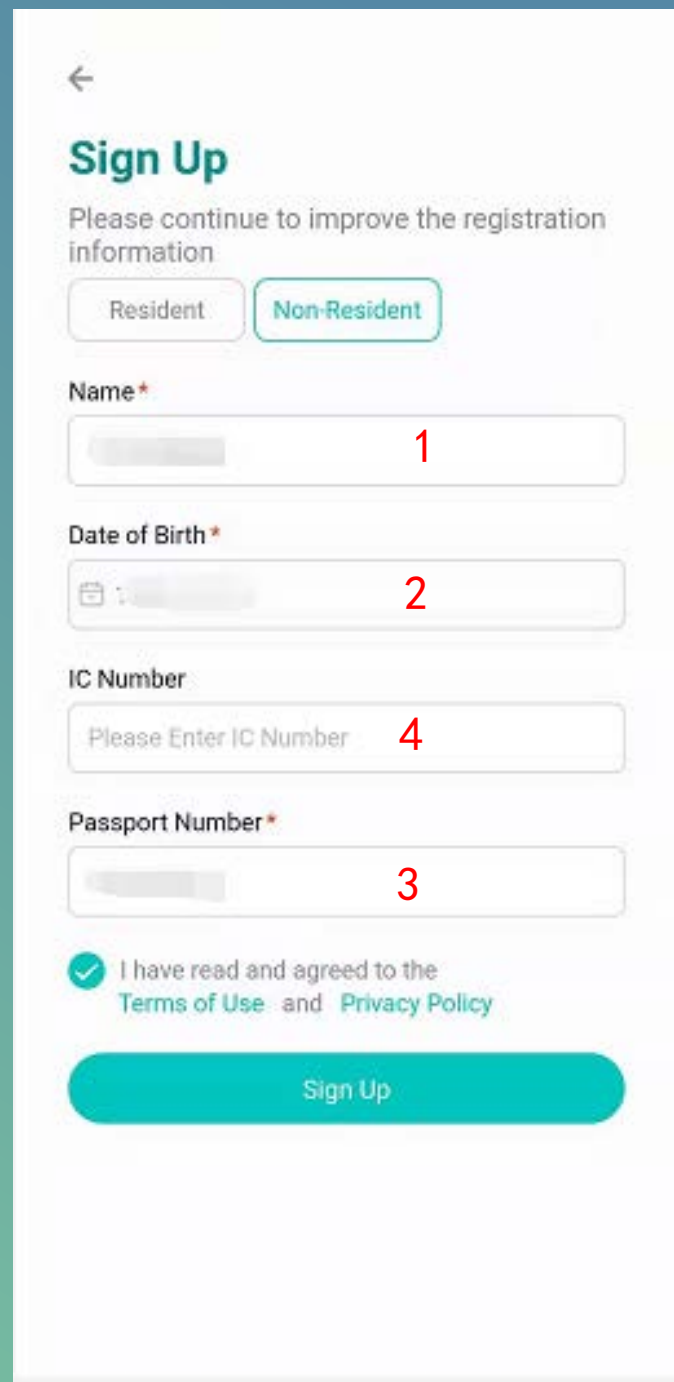
1.姓名

2.出生日期

3.护照

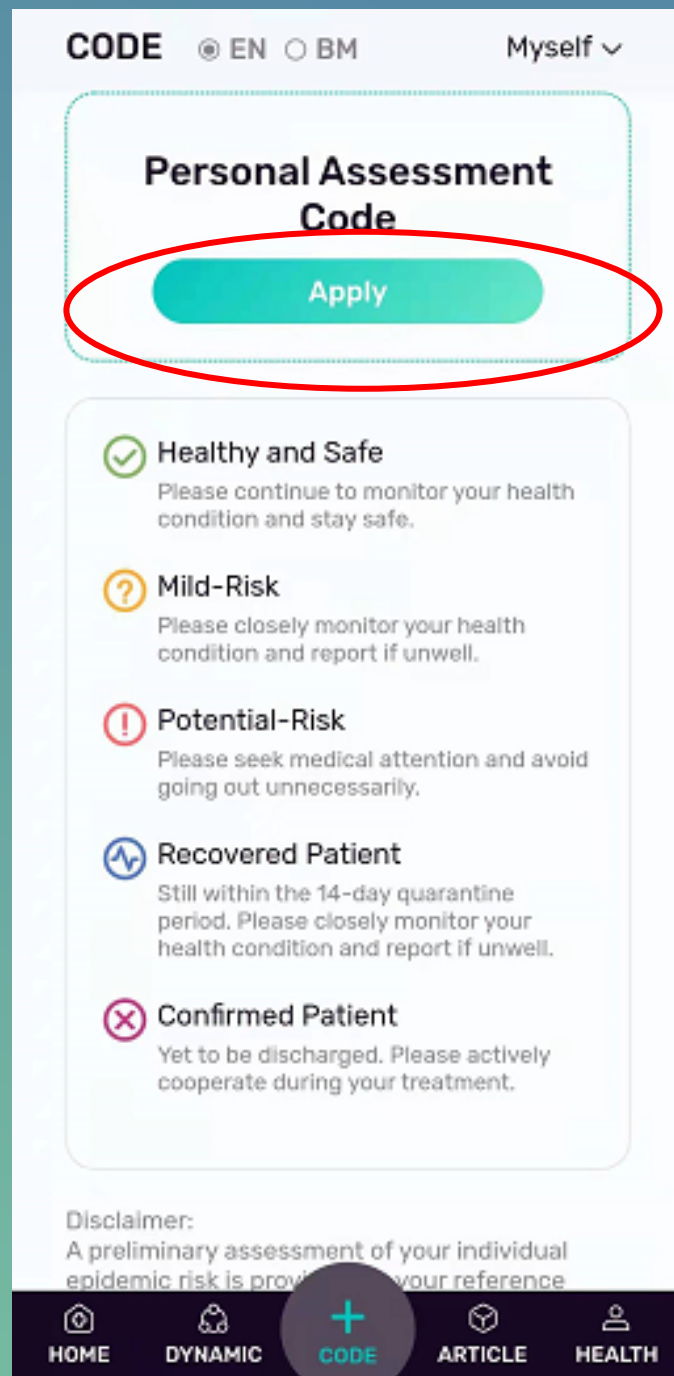
4.如已取得绿卡，请输入绿卡号

完成输入后勾选下方同意条款，点击Sign Up
进入下一步

A screenshot of a mobile application's 'Sign Up' screen. At the top, there is a back arrow and the title 'Sign Up' in teal. Below the title, a message says 'Please continue to improve the registration information'. There are two buttons: 'Resident' and 'Non-Resident', with 'Non-Resident' being highlighted with a teal border. The form contains four input fields: 'Name' (with a red '1' next to it), 'Date of Birth' (with a red '2' next to it), 'IC Number' (with a red '4' next to it), and 'Passport Number' (with a red '3' next to it). Below the input fields, there is a checked checkbox and the text 'I have read and agreed to the Terms of Use and Privacy Policy'. At the bottom, there is a large teal button labeled 'Sign Up'.

新用户首次注册

申请健康码
点击Apply



新用户首次注册

填写个人信息（有红星符号项目为必填项）：

- 1.性别
- 2.出生日期
- 3.护照号码
- 4.国籍
- 5.文莱现居详细地址
- 6.个人有效手机号码
- 7.请设置BruHealth 登录密码，密码要求数字与英文大、小写组合

若本人已有绿卡和BN号码，请补充填写8.9项，没有则不填。

填写完成后点击Confirm，完成注册。

The image shows a mobile app interface for editing member information. The form is titled 'Edit Member Info' and contains several fields with red numbers 1 through 9 indicating required or important items. The fields are: Gender* (with 'Male' and 'Female' buttons, labeled 1), Date of Birth* (with a calendar icon, labeled 2), IC Number (with a placeholder 'Please Enter IC Number', labeled 8), BruHIMS Number (with 'BN' and 'Please Enter BN Number' buttons, labeled 9), Passport Number* (with a placeholder, labeled 3), Country/Region* (with a dropdown menu showing 'China (中国)', labeled 4), Place of Residence* (with 'BRUNEI MUARA' and 'Gadong B' buttons, labeled 5), and Phone Number* (with 'BN+673' and a placeholder, labeled 6). There is also an 'Email' field with a placeholder 'Please Enter Email' and a 'Member's Personal Password' field with a placeholder '*****' and a 'Modify Password' link, labeled 7. A large green 'Confirm' button is at the bottom.

← Edit Member Info

Gender* 1

Male Female

Date of Birth* 2

IC Number 8

Please Enter IC Number

BruHIMS Number 9

BN Please Enter BN Number

Passport Number* 3

Country/Region* 4

China (中国)

Place of Residence* 5

BRUNEI MUARA Gadong B

spg 51-36-39-10 Kg Menglait

Phone Number* 6

BN+673

Email

Please Enter Email

Member's Personal Password [Modify Password](#) 7

Confirm

新用户首次注册

重新填写用户密码登录BruHealth


← Edit Member Info

BN Please Enter BN Number

Passport Number*

EJ3241279

Country/Region *



Input Member's Password

The password is invalid.

Cancel

Please Enter Email

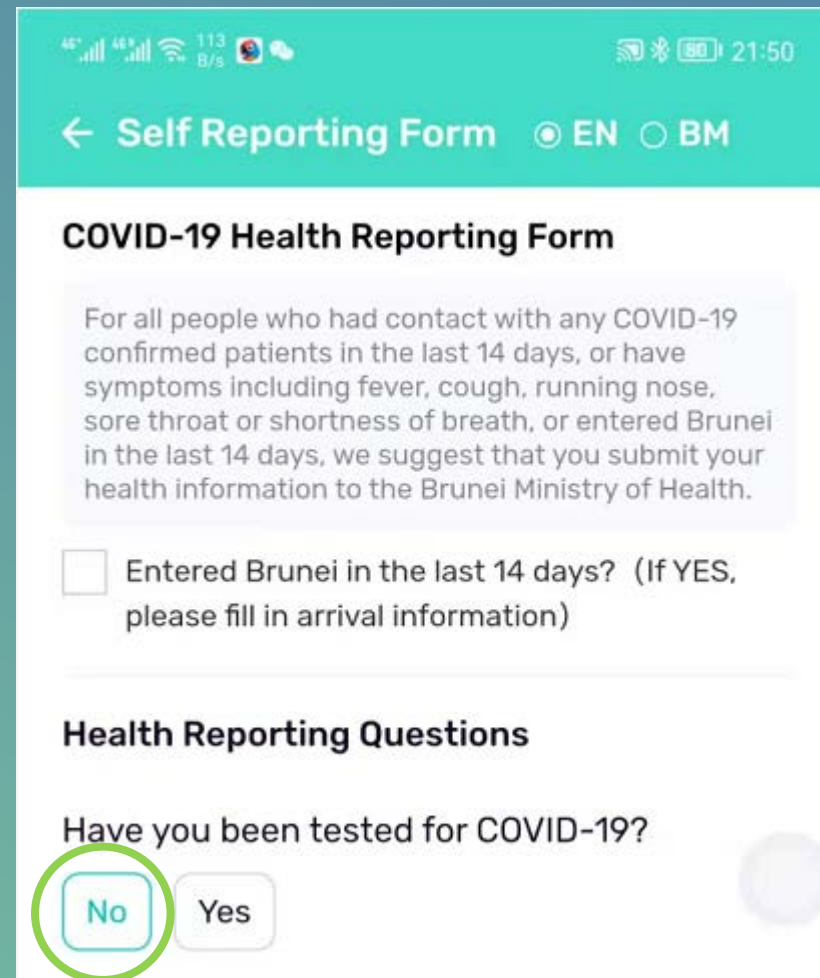
Member's Personal Password [Modify Password](#)

Confirm

新用户首次注册

新用户填写健康信息
健康问题选项参见图片中绿色圆圈选项。

但如果本人有相应的症状需如实上报。



The screenshot shows a mobile application interface for a 'Self Reporting Form'. At the top, there's a teal header with a back arrow, the title 'Self Reporting Form', and language options 'EN' (selected) and 'BM'. Below the header, the title 'COVID-19 Health Reporting Form' is displayed. A light purple informational box contains text about reporting requirements for those with contact with COVID-19 patients or symptoms. Below this, there's a checkbox question: 'Entered Brunei in the last 14 days? (If YES, please fill in arrival information)'. Further down, the section 'Health Reporting Questions' is shown, with the question 'Have you been tested for COVID-19?'. Two buttons, 'No' and 'Yes', are provided. The 'No' button is highlighted with a green circle, indicating the correct selection for a new user without symptoms.

4G+ 4G+ 113 B/s 21:50

← Self Reporting Form ● EN ○ BM

COVID-19 Health Reporting Form

For all people who had contact with any COVID-19 confirmed patients in the last 14 days, or have symptoms including fever, cough, running nose, sore throat or shortness of breath, or entered Brunei in the last 14 days, we suggest that you submit your health information to the Brunei Ministry of Health.

☐ Entered Brunei in the last 14 days? (If YES, please fill in arrival information)

Health Reporting Questions

Have you been tested for COVID-19?

☒ No ☐ Yes

新用户首次注册

新用户填写健康信息

接上页

其他健康问题选项参见图片中绿色圆圈选项。

但如果本人有相应的症状需如实上报。

Are you experiencing any of the following symptoms? (You may choose more than one)

是否有以下症状

☒ None ☐ Fever

New occurrence of frequent coughing within the last 24 hours

在过去的24小时频繁咳嗽

☒ Fatigue ☐ Chest Tightness

易疲劳 胸闷

☐ Shortness of Breath ☐ Nasal Congestion

呼吸困难 鼻塞

☐ Runny Nose ☐ Sore Throat ☐ Diarrhea

流鼻涕 咽喉痛 腹泻

☐ Loss of Smell or Taste

嗅觉和味觉丧失

Is any of your household members experiencing any of the following symptoms: Fever, Cough and Shortness of Breath?

你的家庭成员是否有以下症状：发烧，咳嗽，呼吸困难

☒ No ☐ Yes

Have you seen a doctor for flu-like symptoms in the last 14 days?

在过去14天是否因感冒症状去看过医生

☒ None ☐ Once ☐ More than Once

新用户首次注册

新用户填写健康信息

接上页

其他健康问题选项参见图片中绿色圆圈选项。

但如果本人有相应的症状需如实上报。

完成所有信息填报后，点击Submit，生成健康码。

Do you have the following pre-existing conditions? (You may choose more than one)

☒ 全部没有
None of these

☐ Active cancer 是有下列既往病史

☐ 不可控的糖尿病
Uncontrolled diabetes

☐ 30天内有急性心梗
Acute myocardial infarction in last 30 days

☐ 在过去的3个月慢性阻塞性肺病加剧
Previous admission for COPD exacerbation in last 3 months

☐ 一个月内因肺炎入院
Admission for pneumonia in last month

☐ 晚期肾脏疾病
End stage renal disease

☐ 一个月内曾中风
Previous stroke in last month

Did you have any recent close contact history? 你是否密切接触史

☒ None

☐ Last 14 days

☐ 15 to 21 days

你是否最近旅居史

Did you have any recent travel history?

☒ None

☐ Last 14 days

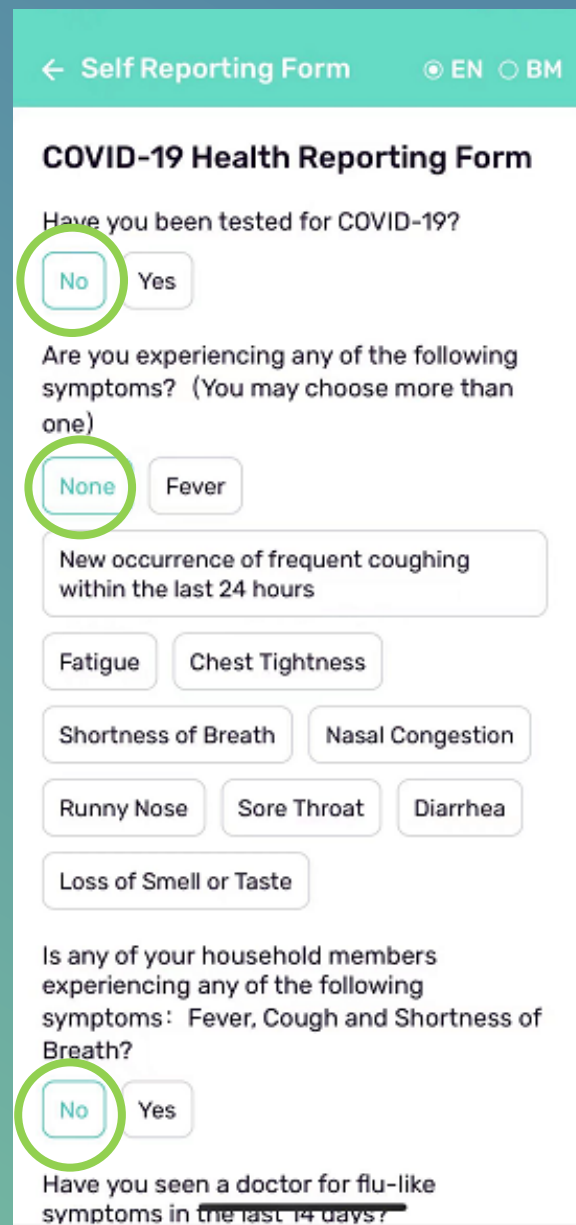
Submit

日常健康信息填报

员工日常健康信息填报模板

人员如健康，无任何所示症状，健康问题选项参见图片中绿色圆圈选项。

但如果本人有相应的症状需如实上报。



← Self Reporting Form ● EN ○ BM

COVID-19 Health Reporting Form

Have you been tested for COVID-19?

☒ No ☐ Yes

Are you experiencing any of the following symptoms? (You may choose more than one)

☒ None ☐ Fever

☐ New occurrence of frequent coughing within the last 24 hours

☐ Fatigue ☐ Chest Tightness

☐ Shortness of Breath ☐ Nasal Congestion

☐ Runny Nose ☐ Sore Throat ☐ Diarrhea

☐ Loss of Smell or Taste

Is any of your household members experiencing any of the following symptoms: Fever, Cough and Shortness of Breath?

☒ No ☐ Yes

Have you seen a doctor for flu-like symptoms in the last 14 days?

日常健康信息填报

接上页

员工日常健康信息填报模板

人员如健康，无任何所示症状，健康问题选项参见图片中绿色圆圈选项。

所有选项完成后点击Submit,提交后生成当日健康码（绿码）。

但如果本人有相应的症状需如实上报。

Self Reporting Form EN BM

Uncontrolled diabetes

Acute myocardial infarction in last 30 days

Previous admission for COPD exacerbation in last 3 months

Admission for pneumonia in last month

End stage renal disease

Previous stroke in last month

Did you have any recent close contact history?

☒ None Last 14 days 15 to 21 days

Did you have any recent travel history?

☒ None Last 14 days

☒ I hereby declare that the information as completed in this Application Form is true and correct. Offenders will be fined under the Infectious Diseases Act, Cap 204 if found guilty.

Submit

每日使用注意事项

如去公共场所扫码后，呈现出右图状态。

在离开公共场所后，必须点击Leave，表示离开此地，避免此区域成为高风险地区后，人员绿码将转变为红码。



BruHealth.

Thank You For Watching!

