

Visitor Health Declaration Form

The **visitor health declaration form** sample for businesses ensures a safe environment by collecting essential health information from visitors. This form helps in monitoring and preventing the spread of illnesses within the workplace. Implementing this process demonstrates a commitment to health and safety standards for all guests and employees.

Personal Information

Full Name:

Contact Number:

Email Address:

Company/Organization:

Visit Information

Date of Visit:

Purpose of Visit:

Health Declaration

**Have you experienced any of the following symptoms in the last 14 days?
(Check all that apply):**

Fever Cough Shortness of Breath Sore Throat None

Have you been in close contact with anyone diagnosed with a contagious illness (e.g., COVID-19) in the last 14 days?

-- Please select --

Have you traveled internationally in the last 14 days?

-- Please select --

Comments or additional information:

Acknowledgement



I confirm that the above information is accurate and complete to the best of my knowledge.

[Submit Declaration](#)