

Visitor Registration Form

This **visitor registration form** sample includes a COVID screening section to ensure safety and health compliance. It allows organizations to efficiently collect essential visitor information and assess potential health risks before entry. The form promotes a secure environment by facilitating contact tracing and symptom monitoring.

Visitor Information

Full Name *

Company/Organization

Contact Number *

Email Address

Date of Visit *

Purpose of Visit

COVID-19 Screening

In the past 14 days, have you experienced any of the following symptoms? (Check all that apply)

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Loss of taste or smell
- ☐ None of the above

Have you been in close contact with someone who has tested positive for COVID-19 in the past 14 days?

☐ I confirm that the information provided is true and correct.

Submit