

COVID-19 Declaration Form - Conference Attendees

Attendees are required to complete a **COVID-19 declaration form** to ensure the safety and health of all participants at the conference. This form collects essential health information and recent travel history to prevent the spread of the virus. Timely submission of the form is mandatory for entry and participation in the event.

Full Name:

Email Address:

Contact Number:

Date of Declaration:

1. Are you currently experiencing any of the following symptoms? (Please check all that apply):

- Fever
- Cough
- Shortness of Breath
- Loss of Taste or Smell
- None

2. Have you tested positive for COVID-19 in the past 14 days?

--Please select--

3. Have you had close contact with a confirmed or suspected COVID-19 case in the past 14 days?

--Please select--

4. Have you traveled internationally or to a COVID-19 hotspot in the past 14 days?

--Please select--

If yes, please provide details:

5. COVID-19 Vaccination Status:

--Please select--

I hereby declare that the above information is true and correct to the best of my knowledge. I agree to abide by the conference health and safety protocols.

Submit Declaration