

# Health Declaration Form for Event Entry

Download a **health declaration form sample** to ensure all event attendees comply with safety protocols. This document helps organizers collect vital health information for a secure and well-managed event entry. Customize the form to suit specific event requirements and maintain a safe environment for everyone.

## Personal Information

**Full Name**

**Contact Number**

**Email Address**

**Event Name**

## Health Status

**In the last 14 days, have you experienced any of the following symptoms?**

☐

Fever

☐

Cough

☐

Shortness of breath

☐

None of the above

**Have you been in contact with a confirmed COVID-19 case in the past 14 days?**

**Have you traveled internationally in the past 14 days?**

## Vaccination Status

**Have you been fully vaccinated for COVID-19?**

**Additional Information (Optional)**

☐

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Submit

*Your health information will be kept confidential and used solely for event safety purposes.*