

COVID-19 Health Declaration and Waiver Form

Sample

The **COVID-19 health declaration** and waiver form sample is designed to ensure the safety of individuals by collecting essential health information before entry. This document helps organizations manage and mitigate the risks associated with the virus through informed consent. It is a crucial step for confirming that participants acknowledge potential health risks and agree to comply with safety protocols.

Full Name:

Email Address:

Phone Number:

Date of Entry:

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

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Sore Throat
- ☐ None of the above

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

☐ Yes ☐ No

Have you been in close contact with anyone confirmed or suspected to have COVID-19 in the past 14 days?

☐ Yes ☐ No

Have you traveled abroad in the last 14 days? If yes, list countries visited:

☐ I confirm that the above information is true and complete to the best of my knowledge. I acknowledge the potential health risks related to COVID-19 and agree to comply with all organizational safety protocols. I release the organization from any liability related to COVID-19 exposure.

Signature:

Date:

Submit Form