

Self-Declaration Form for COVID-19

A **self-declaration form sample for COVID-19** serves as a vital document for individuals to disclose their health status and recent travel history. This form helps organizations assess potential risks and ensure safety protocols are followed. Using a standardized sample simplifies the screening process during the pandemic.

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Contact Number:	<input type="text"/>
Address:	<input type="text"/>
Are you experiencing any of the following symptoms? (Fever, Cough, Shortness of breath, Loss of taste or smell, Sore throat)	<input type="radio"/> Yes <input type="radio"/> No
Have you been in contact with a confirmed COVID-19 patient within the last 14 days?	<input type="radio"/> Yes <input type="radio"/> No
Have you traveled internationally in the last 14 days?	<input type="radio"/> Yes <input type="radio"/> No
If yes to any of the above, please provide details: <input type="text"/>	

☐ I hereby declare that the information provided above is true to the best of my knowledge. I understand that giving false information may have legal consequences.

Date: