

Visitor Record Form Sample with COVID-19 Screening

The **Visitor Record Form Sample with COVID-19 Screening** helps organizations track visitor information while ensuring health safety protocols are followed. It includes fields for personal details and COVID-19 symptom screening questions to prevent potential virus spread. This form is essential for maintaining a safe environment during the pandemic.

Personal Information

Full Name:

Contact Number:

Email Address:

Visit Date:

Visit Time:

COVID-19 Symptom Screening

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

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- Sore throat
- Other flu-like symptoms

☐ 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 internationally in the last 14 days? ☐ Yes ☐ No

☐ I confirm that the above information is accurate and complete to the best of my knowledge.

Submit