

Covid-19 Health Declaration Form

This **Covid-19 health declaration form** sample includes a comprehensive recent symptoms checklist to help assess potential exposure and health status. It is designed for quick and accurate reporting to ensure safety in workplaces and public spaces. Using this form facilitates early detection and prevention of virus spread.

Personal Information

Full Name:

Date:

Recent Symptoms Checklist (Past 14 Days)

Please check if you have experienced any of the following symptoms recently:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Exposure & Travel History

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

Yes

No

Have you traveled internationally within the last 14 days?

Yes

No

Declaration

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

Submit