

# Visitor COVID-19 Declaration Form

The **Visitor COVID-19 Declaration Form** sample provides a standardized template to collect essential health information before entry. This form ensures compliance with safety protocols by documenting recent travel history and potential symptoms. Utilizing the form helps organizations protect visitors and staff by minimizing virus transmission risks.

Full Name:

Contact Number:

Email Address:

Date of Visit:

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

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Sore Throat
- ☐ Loss of taste or smell
- ☐ None of the above

Have you traveled internationally or had close contact with a confirmed COVID-19 case in the last 14 days?

- ☐ Yes
- ☐ No

Additional Comments or Information:

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

Submit Declaration