

# Covid-19 Health Declaration Form

The **Covid-19 health declaration form** sample includes essential information such as recent close contact history to help track and prevent the spread of the virus. This form ensures accurate health status reporting and enhances public safety measures. It is a critical tool for businesses and organizations to monitor potential exposure risks effectively.

**Full Name:**

**Date of Birth:**

**Contact Number:**

**Home Address:**

**Have you experienced any of the following symptoms in the last 14 days? (Check all that apply):**

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ None of the above

**Have you been in close contact with a confirmed or probable Covid-19 case in the last 14 days?**

**Have you traveled internationally or to a high-risk area in the last 14 days?**

**If yes, please specify details (country, dates, etc.):**

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

Submit