

Guest Registration Form

This **guest registration form sample** includes a comprehensive COVID-19 declaration to ensure the safety and health of all visitors. It collects essential personal details alongside health status confirmations related to COVID-19 symptoms and exposure. This form is designed to facilitate safe entry management and compliance with health guidelines.

Personal Information

Full Name *

Email Address *

Contact Number *

Address

Check-In Date *

Check-Out Date *

COVID-19 Declaration

Please confirm the following (check all that apply):

☐

I am not experiencing any COVID-19 related symptoms (such as fever, cough, shortness of breath, loss of taste or smell, sore throat, etc.).

☐

I have not been in close contact with anyone confirmed or suspected to have COVID-19 in the past 14 days.

☐

I have not traveled internationally, nor visited any high-risk areas, within the last 14 days.

Other Health or Travel Information (if any):

☐

I confirm that the information provided is accurate to the best of my knowledge and I consent to my data being used for health and safety purposes in accordance with privacy policies.*

Submit Registration

