

Visitor Health Declaration Form Sample

The **visitor health declaration form sample** is a crucial document designed to collect essential health information from individuals before entering a facility. It ensures safety by identifying potential health risks and preventing the spread of contagious diseases. Using this form helps organizations maintain a secure environment for all visitors and staff.

Personal Information

Full Name:

Contact Number:

Email Address:

Date of Visit:

Purpose of Visit:

Health Information

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

Fever Cough Shortness of Breath Sore Throat None of the above

Have you been in contact with anyone diagnosed with a contagious disease (e.g. COVID-19) in the past 14 days?

-- Please choose --

Have you traveled internationally or visited high-risk areas in the past 14 days?

-- Please choose --

Other relevant information (optional):

Declaration

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

Submit