

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