

COVID-19 Declaration Form Sample

The **COVID-19 declaration form** sample includes essential fields for personal information, recent travel history, and vaccination status to ensure health and safety compliance. This form helps organizations track potential exposure risks and verify vaccination details efficiently. Utilizing a standardized declaration form supports effective monitoring and prevention of COVID-19 spread.

Personal Information

Full Name:

Date of Birth:

Contact Number:

Email Address:

Recent Travel History (Past 14 Days)

☐ No travel outside current city/country

If yes, list all countries/regions visited:

Date of Return:

Vaccination Status

Have you been vaccinated for COVID-19?

Vaccine Type (e.g., Pfizer, Moderna, AstraZeneca, etc.):

Date(s) of Vaccination (all doses):

Health Declaration

Are you currently experiencing any of the following symptoms? (Check all that apply)

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

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