

# COVID-19 Health Declaration Form

The **COVID-19 health declaration form** is essential for schools to monitor students' health and ensure a safe environment. This sample form helps track symptoms and potential exposures before entry. Implementing it supports timely responses to protect the school community.

**Student Name:**

**Grade/Class:**

**Parent/Guardian Name:**

**Contact Number/Email:**

**1. Has the student experienced any of the following symptoms in the past 14 days? (check all that apply):**

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath / difficulty breathing
- ☐ Unusual tiredness/fatigue
- ☐ Loss of taste or smell
- ☐ None of the above

**2. Has the student or any household member tested positive for COVID-19 in the past 14 days?**

☐ Yes ☐ No

**3. Has the student had close contact with anyone confirmed or suspected with COVID-19 in the past 14 days?**

☐ Yes ☐ No

**4. Additional Information (if any):**

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

**Date:**

**Signature (Parent/Guardian):**

Submit Form