

COVID-19 Symptoms Declaration Form for Visitors

The **COVID-19 symptoms declaration form** is designed for visitors to self-report any symptoms before entering a facility. This form helps ensure the safety of all individuals by identifying potential health risks early. Completing the form accurately is essential for effective health monitoring and prevention.

Full Name:

Phone Number:

Date of Visit:

Please indicate if you are currently experiencing any of the following symptoms (check all that apply):

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Sore throat
- ☐ Fatigue
- ☐ Loss of taste or smell
- ☐ None of the above

In the past 14 days, have you:

- ☐ Been in close contact with someone diagnosed with COVID-19
- ☐ Travelled internationally
- ☐ None of the above

Additional Comments (optional):

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

Submit