Covid-19 Health Declaration Form

Ensure the safety of all participants by using this **Covid-19 health declaration form** sample for event attendees. It helps collect essential health information to prevent the spread of the virus during gatherings. Efficiently manage health screenings and comply with safety protocols with ease.

Full Name:

[   ]

Contact Number:

[   ]

Email Address:

[   ]

Have you experienced any of the following symptoms in the past 14 days?

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

Have you been in contact with a confirmed or suspected Covid-19 case in the past 14 days?

○ Yes ○ No

Have you traveled internationally or to a high-risk area in the past 14 days?

○ Yes ○ No

Current Body Temperature (Â°C):

[   ]

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

[Submit]