Covid-19 Health Declaration Form

This **Covid-19 health declaration form sample** includes a comprehensive vaccination status section to ensure accurate tracking of immunization. It helps organizations efficiently gather health information for safer environments. The form is easy to use and supports compliance with health regulations.

Personal Information

Full Name:

[   ]

Date of Birth:

[   ]

Contact Number:

[   ]

Email Address:

[   ]

Health Information

Are you currently experiencing any of the following symptoms?

☐ Fever
☐ Cough
☐ Shortness of breath
☐ Loss of taste/smell
☐ None of the above

Recent Exposure

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

○ Yes ○ No

Vaccination Status

Have you received a Covid-19 vaccine?

○ Yes ○ No

☐ I declare that the information provided is accurate to the best of my knowledge.

[Submit]