

Covid-19 Health Declaration Form

(Hospital Visitor)

The **Covid-19 health declaration form** for visitors to hospitals ensures the safety of patients and staff by collecting essential health information before entry. This form helps identify potential risks and prevent the spread of the virus within healthcare facilities. Visitors must complete the form accurately to support public health efforts and maintain a safe environment.

Visitor Information

Full Name:

Contact Number:

Date of Visit:

Patient Name (you are visiting):

Health Information

In the past 14 days, have you experienced any of the following symptoms? (Check all that apply)

Fever or chills

Cough

Shortness of breath or difficulty breathing

Sore throat

Loss of taste or smell

None of the above

In the past 14 days, have you:

Been in close contact with a confirmed Covid-19 case?

Travelled internationally or to an area with known Covid-19 cases?

Vaccination & Testing

Covid-19 Vaccination Status:

 Select

Have you tested positive for Covid-19 in the last 14 days?

 Select

I hereby declare that the above information is true and accurate to the best of my knowledge.

Signature:

Date:

* All information will be kept confidential and used only for health screening purposes.