

COVID-19 Health Declaration Form

Complete the **COVID-19 health declaration form** to ensure the safety and well-being of all participants at your event. This form helps in screening attendees for symptoms and exposure risks before entry. Use the sample template to streamline the health check-in process efficiently.

PERSONAL INFORMATION

Full Name:

Email Address:

Date:

HEALTH SCREENING

In the past 14 days, have you experienced any of the following symptoms?

☐

Fever/Chills

☐

Cough

☐

Shortness of breath

☐

Sore throat

☐

None

Have you been in close contact with someone diagnosed with COVID-19 in the last 14 days?

Have you traveled internationally within the last 14 days?

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in denied entry or removal from the event.

☐ **I confirm that the above information is correct.**

Submit

