

# 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**

