# Visitor Declaration Form
# with Temperature Check

This **sample visitor declaration form** includes a temperature check to ensure safety and health compliance. Visitors provide essential information and confirm their health status before entry. This helps organizations maintain a secure environment and monitor potential health risks effectively.

**Full Name:**

**Contact Number:**

**Date of Visit:**

**Temperature (Â°C):**

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

☐
**Fever**

☐
**Cough**

☐
**Shortness of breath**

☐
**Other**

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

--Please Select-- ▼

☐
**I declare that the above information is true and correct to the best of my knowledge. I acknowledge that providing false information may result in denial of entry.**

Submit