

Declaration of Good Health

The **Declaration of Good Health** form includes essential health questions and a COVID-19 screening to ensure safe environments. This document helps identify potential risks by assessing symptoms and recent exposure to the virus. It is crucial for workplaces, schools, and events to maintain public health standards.

Personal Information

Full Name:

Date:

Contact Number:

General Health Status

- ☐ I do not have a fever ($>37.5^{\circ}\text{C}$ or 99.5°F).
- ☐ I am not experiencing any cold, cough, sore throat, shortness of breath, or body aches.
- ☐ I am not currently ill or taking medication for a contagious illness.

COVID-19 Screening

- ☐ I have not experienced any COVID-19 symptoms (e.g., fever, dry cough, loss of taste or smell) in the last 14 days.
- ☐ I have not been in contact with a confirmed or suspected COVID-19 case in the last 14 days.
- ☐ I have not traveled internationally or to a COVID-19 hotspot in the last 14 days.
- ☐ I have not tested positive for COVID-19 in the past 14 days.

Declaration

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that withholding or providing false information may endanger others and violate organizational or local public health guidelines.

- ☐ I agree to the declaration above.

Submit