

Medical Declaration Form Sample for COVID-19

The **Medical declaration form sample for COVID-19** is essential for tracking health status and exposure to the virus. It collects accurate personal information and recent travel history to help prevent the spread of COVID-19. Proper completion ensures safety and compliance with health regulations.

Personal Information

Full Name:**Date of Birth:****Gender:** Select...**Identification Number (ID/Passport):****Current Address:****Contact Phone Number:****Email Address:**

Travel & Exposure History

Have you traveled internationally in the past 14 days? Select...**If yes, please provide places and dates:****Have you had contact with a confirmed COVID-19 case?** Select...

Symptom Check (in the past 14 days)

Fever**Cough****Shortness of Breath****Sore Throat****Loss of Taste or Smell**

None of the above

Declaration

I confirm that the information given in this form is true, complete and accurate to the best of my knowledge. I understand that untrue information may result in penalties according to the law.

Date:

Signature (type full name):

Submit