

# 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:**

**Identification Number (ID/Passport):**

**Current Address:**

**Contact Phone Number:**

**Email Address:**

## Travel & Exposure History

**Have you traveled internationally in the past 14 days?**

**If yes, please provide places and dates:**

**Have you had contact with a confirmed COVID-19 case?**

## 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