

Corporate Office Visitor Health Declaration Form

To ensure the safety and well-being of our employees and visitors, please complete this health declaration form. This form is required for entry into the office premises and is designed to be printed and filled out.

1. Visitor Information

| | |
|------------------------------|--|
| Full Name: | <input type="text" value="John Doe"/> |
| Company Name: | <input type="text" value="Company Ltd"/> |
| Phone Number: | <input type="text" value="123-456-7890"/> |
| Email Address: | <input type="text" value="example@email.com"/> |
| Host Name / Person to Visit: | <input type="text" value="Jane Smith"/> |
| Date of Visit: | <input type="text" value="YYYY-MM-DD"/> |
| Arrival Time: | <input type="text" value="HH:MM AM/PM"/> |

2. Health Questionnaire & Declaration

Please answer the following questions by typing **YES** or **NO** in the text boxes provided.

| Question | Response (YES / NO) |
|--|---|
| Are you currently experiencing any symptoms of illness, such as fever, cough, shortness of breath, sore throat, or runny nose? | <input type="text" value="Type YES or NO"/> |
| Have you been in close contact with anyone diagnosed with an infectious disease in the past 14 days? | <input type="text" value="Type YES or NO"/> |
| Have you traveled internationally or to any high-risk areas within the last 14 days? | <input type="text" value="Type YES or NO"/> |
| Are you currently under any quarantine, self-isolation, or stay-home notice orders? | <input type="text" value="Type YES or NO"/> |

3. Acknowledgment and Signature

By signing below, I declare that the information provided in this form is true, complete, and accurate to the best of my knowledge.

| | |
|---|---|
| Visitor Signature (Sign inside box when printed): | <input type="text" value="Signature (Physical signatu)"/> |
| Date Signed: | <input type="text" value="YYYY-MM-DD"/> |

For Office Use Only:

| | |
|---|---|
| Temperature Reading (if applicable): | <input type="text" value="e.g., 36.5 C"/> |
| Approved Entry (YES / NO) & Staff Initials: | <input type="text"/> |