

Event Attendee Health Declaration Form

To ensure the safety and well-being of all participants, please complete this health declaration form. This template is designed to be printed and filled out manually, or completed digitally before printing.

1. Event Details

Event Name:

Event Date:

Venue/Location:

2. Attendee Information

Full Name:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

3. Health Questionnaire

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

1. Are you currently experiencing any symptoms of infectious illness (such as fever, cough, sore throat, runny nose, body aches, shortness of breath, or loss of taste/smell)?

Answer (YES / NO):

2. Have you tested positive for any highly contagious respiratory illness (such as COVID-19 or Influenza) within the past 10 days?

Answer (YES / NO):

3. To the best of your knowledge, have you been in close contact with anyone who has tested positive for an infectious disease in the past 10 days?

Answer (YES / NO):

4. Are you currently subject to any quarantine or self-isolation guidelines recommended by healthcare authorities?

Answer (YES / NO):

4. Declaration and Signature

I hereby declare that the information I have provided in this form is true, correct, and complete to the best of my knowledge. I understand that failure to provide accurate information may compromise the health and safety of others at the event.

Attendee Signature: _____

Date Signed: