

Daily Visitor Health Status Declaration Log

Instructions: All visitors must complete this log upon entering the premises. Please provide accurate information to help ensure a safe environment.

Log Date: Facility/Department:

Time In	Visitor's Full Name	Contact Number	Temp (°C)	Are you experiencing any symptoms? (Yes / No)	Have you had close contact with any active cases? (Yes / No)	Person / Department to Visit	Signature (Initial)	
				Y/N	Y/N			
				Y/N	Y/N			
				Y/N	Y/N			
				Y/N	Y/N			
				Y/N	Y/N			
				Y/N	Y/N			
				Y/N	Y/N			
				Y/N	Y/N			

Verified By (Staff Name): Staff Signature: