

# School Visitor Health Declaration Form

To ensure the safety and well-being of our students and staff, all visitors must complete this health declaration form prior to entering the school premises.

## 1. Visitor Information

Full Name:

Contact Number:

Email Address:

Date of Visit (DD/MM/YYYY):

Purpose of Visit:

Host / Staff Member to Meet:

## 2. Health Screening

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

Are you currently experiencing any symptoms of illness such as fever, cough, sore throat, runny nose, or shortness of breath?

Have you been in close contact with anyone diagnosed with an active infectious disease in the past 14 days?

Have you traveled internationally or to high-risk areas in the past 14 days?

## 3. Declaration and Signature

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Visitor Signature (for printed copies):

Date Signed (DD/MM/YYYY):