

Visitor Health and Safety Declaration Form

Please complete this health and safety declaration form prior to entering the facility. This form is required for safety compliance, incident management, and health screening purposes. Once completed, please print this page.

1. Visitor Information

Full Name:

Phone Number:

Email Address:

Representing Company / Organization:

Name of Host / Contact Person On-site:

Date of Visit:

Time of Arrival:

2. Health and Safety Questionnaire

Please type **YES** or **NO** in the text boxes below to answer the following questions:

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

2. Have you been in close contact with anyone diagnosed with an infectious illness (e.g., COVID-19, influenza) in the past 14 days?

3. Have you returned from international travel in the past 14 days?

4. Do you agree to abide by all on-site safety policies, emergency evacuation procedures, and warning signs during your visit?

3. Declaration and Sign-off

By filling out the fields below, I certify that the information I have provided is accurate, true, and correct to the best of my knowledge.

Visitor Signature (Type Name):

Date Signed: