

Hotel and Resort Guest Health Declaration Sheet

To ensure the safety and well-being of all guests and staff, please complete this health declaration sheet prior to check-in. This document is for record-keeping and printing purposes.

1. Guest Information

Full Name (Last Name, First Name):

Nationality:

Contact Number:

Email Address:

Assigned Room Number (Staff Use Only):

2. Travel History

Countries or cities visited in the last 14 days:

Arrival Date at Destination:

Flight / Vessel / Vehicle Number:

3. Health Status

Please respond to the following questions by typing **YES** or **NO** in the boxes provided.

Are you currently experiencing a fever, or have you had a fever in the last 48 hours?

Are you experiencing any respiratory symptoms such as a cough, sore throat, or shortness of breath?

Have you been in close contact with anyone diagnosed with or suspected of having an infectious disease in the past 14 days?

4. Declaration and Signature

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

Guest Signature (Print Name to Sign):

Date Signed: