

# Construction Site Visitor Health Declaration Sheet

Please complete this physical declaration form before entering the construction site. This information is required to maintain site safety and health records.

## 1. Visitor Information

Full Name:

Company / Organization:

Phone Number:

Site Host / Contact Person:

Date (DD/MM/YYYY):

Time of Arrival:

## 2. Health Questionnaire

Please answer the following questions with "Yes" or "No".

Are you currently experiencing symptoms of illness (cough, fever, shortness of breath, sore throat)?

Have you been in close contact with anyone diagnosed with a communicable disease in the past 14 days?

Have you returned from international travel 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 (Write Name):

Date Signed:

## 4. Site Office Use Only

Temperature Check (°C):

Site Access (Approved / Denied):

Authorized Representative Name:

Representative Signature: