

Daily Visitor Health Declaration Form

To ensure the safety and well-being of everyone in our facility, all visitors are required to complete this health declaration form before entry. Please fill out the details below.

1. Visitor Information

Full Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Company / Organization:	<input type="text"/>
Name of Host / Person to Visit:	<input type="text"/>
Date (DD/MM/YYYY):	<input type="text"/>
Time of Entry:	<input type="text"/>

2. Health Declaration Questionnaire

Please type "YES" or "NO" for each of the following questions:

1. Are you currently experiencing any symptoms such as fever, cough, sore throat, or shortness of breath?
2. Have you been in close contact with anyone diagnosed with a contagious illness in the past 14 days?
3. Have you traveled internationally or to any high-risk areas in the past 14 days?
4. Are you currently under any self-quarantine or isolation orders?

If you answered "YES" to any of the questions above, please provide details below:

3. Acknowledgment and Signature

By signing below, I declare that the information provided in this form is true, complete, and accurate to the best of my knowledge.

Visitor Signature (Print Name to Sign):	<input type="text"/>
Date:	<input type="text"/>