

General Visitor Health Declaration Form

To ensure the safety and well-being of all individuals on our premises, please complete this health declaration form. This template is designed to be printed and filled out prior to or upon entry.

1. Visitor Personal Information

Full Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Company/Organization Name:	<input type="text"/>
Host Name / Department to Visit:	<input type="text"/>
Date of Visit:	<input type="text" value="DD/MM/YYYY"/>
Time of Arrival:	<input type="text" value="HH:MM AM/PM"/>

2. Health Screening Questions

Please answer the following questions by typing **YES** or **NO** in the designated box.

Question Description	Answer (YES / NO)
Are you currently experiencing any symptoms of illness such as fever, cough, sore throat, shortness of breath, muscle aches, or loss of taste and smell?	<input type="text"/>
Have you tested positive for any highly infectious disease (such as COVID-19 or Influenza) in the last 10 days?	<input type="text"/>
Have you been in close physical contact with anyone confirmed or suspected to have an infectious illness in the last 14 days?	<input type="text"/>
Are you currently required to be in self-isolation or quarantine by any local health authority or medical directive?	<input type="text"/>

3. Declaration and Agreement

By signing below, I certify that all the information provided above is true, complete, and accurate. I understand that providing false information may pose a health risk to others and could lead to denial of entry to the premises.

Visitor Signature (Write or Print Name):	<input type="text"/>
Date of Signature:	<input type="text" value="DD/MM/YYYY"/>

Privacy Notice: The information collected on this form is strictly for health, safety, and contact tracing purposes, and will be stored securely in accordance with applicable data privacy laws.