

# School Guest Health and Travel Declaration Form

To ensure the safety of our students and staff, all guests are required to complete this declaration form before entering the school premises. Please fill out the details below.

## 1. Guest Information

Full Name:

Contact Number:

Email Address:

Date of Visit:

Name of School Host / Department:

Purpose of Visit:

## 2. Travel Declaration

Have you traveled outside the country in the last 14 days? (Type Yes or No):

If yes, please list the countries visited and date of return:

## 3. Health Declaration

Please indicate if you are currently experiencing or have experienced any of the following symptoms in the past 48 hours (Type Yes or No):

Fever (37.5°C or higher):

Cough, sore throat, or runny nose:

Shortness of breath or breathing difficulties:

Loss of taste or smell:

Have you been in contact with anyone confirmed or suspected to have an infectious disease in the past 14 days? (Type Yes or No):

## 4. Acknowledgement 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.

Guest Signature:

Date: