

# Warehouse Visitor Health Self Declaration Form

To ensure the safety and health of all personnel within our warehouse facility, all visitors are required to complete this self-declaration form prior to entry. Please fill out this form to print and sign.

## 1. Visitor Information

Full Name:

Company / Organization:

Phone Number:

Email Address:

Warehouse Host / Contact Person:

Date of Visit (DD/MM/YYYY):

Time of Entry:

## 2. Health Declaration

Please answer the following questions by typing "Yes" or "No". If you answer "Yes" to any question, please provide additional details in the space provided.

Are you currently experiencing, or have you experienced in the last 48 hours, any symptoms of illness (such as fever, cough, shortness of breath, sore throat, or body aches)?

Have you been in close contact with anyone diagnosed with an infectious disease (including COVID-19, influenza, etc.) within the past 14 days?

Have you returned from any international travel or high-risk areas within the past 14 days?

## 3. Acknowledgment & Signature

By signing below, I certify that the information provided in this self-declaration is true, accurate, and complete to the best of my knowledge. I understand that falsification of information may result in the denial of entry to the facility.

Visitor Signature (Write or Sign here after printing):

Date Signed: