

General Visitor Health and Safety Declaration

Please complete this declaration prior to entering the premises. This information is collected to maintain a safe environment for all visitors, employees, and contractors on site. Once completed, please print this form for your records or present it at the reception desk.

1. Visitor Information

Full Name:

Company / Organization:

Contact Phone Number:

Host / Contact Person On-Site:

Date of Visit (DD/MM/YYYY):

Arrival Time:

2. Health and Safety Questionnaire

Please answer the following questions by typing "Yes" or "No" in the text fields:

Are you currently experiencing any cold, flu, or infectious disease symptoms (e.g., fever, cough, sore throat, shortness of breath)?

Have you been in close contact with anyone diagnosed with an infectious disease in the last 14 days?

Do you agree to follow all posted health, safety, and emergency evacuation guidelines while on these premises?

3. Declaration and Signature

By signing below, I certify that the information provided in this declaration is true and correct to the best of my knowledge, and I agree to comply with all safety requirements during my visit.

Signature (or typed name for digital printing):

Date Signed (DD/MM/YYYY):