

Covid-19 Health Status Self-Declaration

Personal Information

Full Name

Contact Number

Date

Location/Address

Health Declaration

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I declare that I am not currently experiencing cough, fever, sore throat, or difficulty breathing.

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I have not been in close contact with a confirmed Covid-19 patient in the past 14 days.

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I have not tested positive for Covid-19 in the last 14 days.

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I have not traveled internationally in the past 14 days.

Vaccination Status

☐

Fully Vaccinated

☐

Partially Vaccinated

☐

Not Vaccinated

Declaration

☐

I confirm that the information furnished above is true to my knowledge.

Signature

(Type your name)

Important Notes:

- This declaration must be filled out honestly and accurately.
- False information may have legal or disciplinary consequences.
- The data provided is confidential and intended for health & safety purposes only.
- If you develop symptoms or test positive after submitting this form, notify the relevant authority immediately.