Health Declaration Statement

Date:

Personal Information

Full Name

Date of Birth

Contact Number

Email Address

Address

Health Information

Are you currently experiencing any of the following symptoms? (Check all that apply):

☐ Fever ☐ Cough ☐ Sore Throat ☐ Shortness of Breath ☐ None

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

Select

If yes, please provide details:

Have you travelled internationally in the past 14 days?

Select

If yes, mention countries visited:

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge. I understand that providing false or misleading information may have health or legal consequences.

Signature

Type full name as signature

Date

Important Notes

- This document is for health screening and monitoring purposes only.
- All information should be treated as confidential.
- Honest reporting is critical for everyoneâ€™s safety.
- False declarations may result in disciplinary or legal actions.