

## Declaration Form for Visitors / Employees

Dear Sir / Madam

To prevent the spread of novel coronavirus (Covid-19) in our community and reduce the risk of exposure to our staff and visitors. We are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone who works here. Thank you for your time.

Visitor / Employee:	Personal Contact Number (Mobile / Home):
NRIC / Passport Number (last 4 Characters):	Nationality (for foreigner only):
Who you are Meeting / Reason for site visit:	
Temperature reading of Visitor:	Recorded by Ward Employee (Name):

<b>Self-declaration by Visitor / Employee</b>	
1:	If you have the following symptom(s), please tick the relevant box(es):  <input type="checkbox"/> Fever <input type="checkbox"/> Dry cough <input type="checkbox"/> Body aches <input type="checkbox"/> Headaches  <input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny Nose <input type="checkbox"/> Tiredness <input type="checkbox"/> Shortness of Breath  <input type="checkbox"/> Other: _____
2:	Have you been in contact with confirmed Coronavirus (Covid-19) patient in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3:	Have you been granted leave of absence (LOA) from work in last 14 days:  <input type="checkbox"/> Yes <input type="checkbox"/> No      if yes, please indicate LOA duration: _____
4:	Please list the countries and cities visited in past 14 days and state the date:  _____ _____

I, \_\_\_\_\_ certify that the above information is true.

Signature (visitor / Employees): \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Supervisor Manager): \_\_\_\_\_

Date: \_\_\_\_\_