

Event:

Date:

Covid-19 Declaration Form

The information you provide is important in managing the risk of COVID-19 transmission. The Infectious Diseases Act requires a person who has reason to suspect that he/she is a case or carrier of COVID-19, or has had contact with a person with COVID-19, to act in a responsible manner to not expose other persons to the risk of infection by the disease.

No.	Name	Telephone Number	Sign In		Sign Out		Declaration		
			Time in	Temperature	Time Out	Temperature	Do you have flu-like symptoms (e.g. fever, cough, runny nose, sore throat or loss of taste or smell, etc.)?	Have you been in contact with Covid-19 positive patients?	Are you currently under a Quarantine Order or Stay-Home Notice?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									