

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	Time		Declaration		
		In	Out	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 Stay Home Notice or Quarantine order?
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