

HEALTH & TRAVEL DECLARATION FORM FOR VISITORS

Notice to Visitors

In view of the safeguarding staff and residents against the 2019 Novel Coronavirus, we are implementing a series of precautionary measures at the Centre. We will conduct visual screening for all visitors to the Centre. We will seek your co-operation to complete this Health Declaration Form. Thank you for your time.

If you are unwell now, we advise you to defer your visit. The Centre will contact you to make arrangements for another visit at an appropriate date and time.

Date and Time of Visit : _____

By _____ (Name of Centre)

PARTICULARS

Name of Visitor : _____ **Nationality (foreigners only):** _____

NRIC / Passport No.: _____ **Contact No.(Mobile/Home):** _____

Meeting Venue/Level: _____

Temperature Reading: _____ **Recorded by staff (name):** _____

PLEASE TICK ACCORDINGLY

	YES	NO
1. Do you have any of the following symptoms? <ul style="list-style-type: none">▪ Fever, body ache, headache▪ Cough and sore throat▪ Runny Nose▪ Shortness of breath▪ Others, please specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Have you or any of your family members and all others living in the same residence had close contact with a person: <ul style="list-style-type: none">▪ Diagnosed with Novel Coronavirus?▪ Suspected of having respiratory-infection like symptom?▪ Under home quarantine order, issued by MOH?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Have you travelled to any of the following in the last 14 days? <ul style="list-style-type: none">▪ <u>Mainland China (Please state city/province: _____)</u>▪ <u>Affected countries (Country: _____)</u>▪ Please state period of travel: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Please indicate any other countries that you have travelled to in the last 14 days.		

I, the undersigned, declare all the above to be true.

Name and Signature of Visitor

Date