

# Homestay Health Declaration Form (Tourist Use)

Personal Information

Full Name

Passport/ID Number

Nationality

Date of Birth

Gender

Current Address

Phone Number

Email Address

Check-in Date

Check-out Date

Travel History (Last 14 Days)

Countries/Regions Visited

Health Declaration

Do you have any of the following symptoms?

☐

Fever

☐

Cough

☐

Sore Throat

☐

Shortness of Breath

☐

None

Have you had contact with a confirmed COVID-19 case?

☐

Yes

☐

No

Comments / Other Information

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge.