

# Conference Attendee Quarantine Declaration Form

## Personal Information

Full Name

Email Address

Phone Number

Organization

## Quarantine Details

Date of Arrival

Place of Quarantine

Quarantine Duration (in days)

Date Quarantine Ends

## Health Declaration

Have you experienced any COVID-19 symptoms in the past 14 days?

Have you had contact with a confirmed COVID-19 case in the past 14 days?

## Additional Information

Remarks / Additional Details

Signature

Date