

Overseas Volunteer Pre-Arrival Health Declaration

Personal Information

Full Name

Date of Birth

Passport Number

Email Address

Expected Arrival Date

Travel & Exposure History

Countries visited in the last 14 days

Have you had close contact with anyone diagnosed with a contagious illness (e.g. COVID-19) in the last 14 days?

☐ Yes ☐ No

Health Declaration

Are you currently experiencing any of the following symptoms?

☐ Fever ☐ Cough ☐ Shortness of breath ☐ Sore throat ☐ None of the above

Please indicate any existing medical conditions or medications

Declaration

☐ I confirm that the above information is true to the best of my knowledge.

