

COVID-19 Travel Declaration and Symptom Form

Full Name

Date of Birth

Email Address

Contact Number

Address

Recent Travel Details

Have you travelled internationally in the last 14 days?

☐

Yes

☐

No

If yes, list countries visited

Date of Arrival

Symptom Check (past 14 days)

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

Sore Throat

☐

Other

If Other, please specify

Declaration

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

☐

Signature

Date

