



SELF DECLARATION FORM

Personal Details

Name		NRIC No	
Home Address		Mobile No	

Visitors / Meeting Related

Company Name			
Person to Meet		Purpose	

Body Temperature Check

Temperature	1.	Date & Time	
	2.		

A) Travel History (for the past 14 days)

Name of Country & City	1.	2.
Date of Arrival		
Date of Departure		

B) I hereby declare that I am FREE from the following conditions/symptoms:

Symptom	Yes	No	If No, please provide details
Fever ($\geq 37.5^{\circ}\text{C}$)			
Cough			
Shortness of breath			
Runny nose			
Headache			
Sore throat			

C) Have you or an immediate family member come in close contact with a confirmed Covid-19 case in the last 14 days? ("Close contact" means being at a distance of less than one metre for more than 30 minutes.) Yes No

D) In the last 48 hours from the point of declaration, have you been in close contact with a:

Positive contact	Yes		No	
Suspected contact	Yes		No	
Close Contact Details (if available)				
Name:			Tel No:	

E) Confirmation of Declaration

Signature : _____

Date : _____ Time : _____