

COVID-19 Self Declaration Form

Dear Visitor,

You are requested to provide the following information to safeguard your own health and people you will be working with.

I declare that I self- tested myself for COVID-19 and my result indicate negative.

I declare that I had no close contact with someone was COVID-19 positive recently that I am aware of.

I declare that I am not coughing and that I have no breathing difficulties.

First Name -----

Last Name-----

Date-----

Signature-----