# Travel Declaration and Contact Tracing Form for Visitors

Dear Sir / Madam

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

|  |  |
| --- | --- |
| Visitor’s name: | Personal contact number (Mobile number/Home): |
| NRIC / Passport no.: | Nationality (for foreigner only): |
| Meeting venue / level / department to visit: | |
| Temperature reading of visitor: | Recorded by staff (name): |

|  |  |
| --- | --- |
|  | Self-declaration by visitor |
| 1 | If you have the following symptom(s), please tick the relevant box(es)  Fever Dry cough Body aches Headaches  Sore throat Runny nose Tiredness Shortness of breath  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | Have you been in contact with a confirmed COVID-19 patient in the past 14 days?  Yes No |
| 3 | Have you been to affected countries/regions in the past 14 days?  Yes No  If yes, please indicate the affected countries/regions |

Signature (visitor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_