



# Coronavirus Self Declaration Form

For the health and safety of our community, declaration of illness is required. Be sure that the information you'll give is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

## Name

First Name

Last Name

## Email

example@example.com

## ID Number

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## Have you travelled abroad recently?

☐ Yes

☐ No

## Name of the area(s) visited

Country, State, City

## Dates of travel



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Arrival and return dates for each area

**Have you been in contact with people being infected, suspected or diagnosed with COVID-19?**

☐ Yes

☐ No

**Your relationship with the people and your last contact date with them**

**Please state whether you've experienced/are experiencing the following**

	Yes	No
Fever	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>
Shortness of Breath	<input type="radio"/>	<input type="radio"/>
Persistent Pain in the Chest	<input type="radio"/>	<input type="radio"/>

I acknowledge that the information I've given is accurate and complete.

**Date**

08-08-2023

Date

**Signature**



Clear

Submit

