

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

Signature (visitor): _____

Date: _____

