



Coronavirus Self Declaration Form

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

Name _____

Contact Number _____

• Have you or someone you know 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="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Persistent Pain in the Chest	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that the information I have given is accurate and complete.

_____ Date _____

Full Name: _____

Address _____

Email: _____

One form must be completed for every person on the grounds