

Official Health Declaration

Date: [Insert Date]

To Whom It May Concern,

In light of the ongoing pandemic, we are implementing a health declaration procedure to ensure the safety and well-being of all individuals within our organization.

Please complete the following health declaration:

- Full Name: _____
- Contact Number: _____
- Address: _____
- Have you exhibited any symptoms of COVID-19 in the last 14 days? (Yes/No): _____
- Have you been in contact with anyone diagnosed with COVID-19 in the last 14 days? (Yes/No): _____
- Have you traveled outside the country in the last 14 days? (Yes/No): _____

If you answered "Yes" to any of the above questions, please self-isolate and inform the appropriate health authorities.

By signing below, you affirm that the information provided is accurate to the best of your knowledge.

Signature: _____

Date: _____

Thank you for your cooperation.

Sincerely,

[Your Organization's Name]

[Your Organization's Address]

[Your Organization's Contact Information]