Self-Declaration Form for COVID-19

No	Description	Yes	No	Remarks
1	Do you had Fever with cough, sore throat or difficulty in breathing during last 14 days?	◯	◯	…………………… ……………………
2	In the past 2 weeks have you been in close (less than 6 feet) prolonged contact (more than 2-3 minutes) with someone suspected or confirmed as COVID-19?	◯	◯	…………………… ……………………
3	At the screening point, was your recorded body temperature above $37^{0}C$ ($98.4\ ^{0}F$)?	◯	◯	…………………… ……………………

Date : ………………………………… Time: …………………………………

Name of the guest and group: …………………………………………………………

Passport / ID No: ……………………………………………

Vehicle number (If applicable): ………………………………………

Signature: ……………………………………………….

Accompanying Person if any

No	Description	Yes	No	Remarks
1	Do you had Fever with cough, sore throat or difficulty in breathing during last 14 days?	◯	◯	…………………… ……………………
2	In the past 2 weeks have you been in close (less than 6 feet) prolonged contact (more than 2-3 minutes) with someone suspected or confirmed as COVID-19?	◯	◯	…………………… ……………………
3	At the screening point, was your recorded body temperature above $37^{0}C$ ($98.4\ ^{0}F$)?	◯	◯	…………………… ……………………

Date : ………………………………… Time: …………………………………

Name of the guest and group: …………………………………………………………

Passport / ID No: ……………………………………………

Vehicle number (If applicable): ………………………………………

Signature: ……………………………………………….