



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

Cough

Shortness of Breath

Persistent Pain in the Chest

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