Dear Sir / Madam

To prevent the spread of novel coronavirus (nCoV) 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: |
| Organisation of visitor (If applicable): | |
| Meeting venue / level / department to visit: | Name of host: |
| Temperature reading of visitor: | Recorded by staff (name): |

|  |  |
| --- | --- |
|  | Self-declaration by visitor |
| 1. | No symptom  If you have the following symptom(s), please tick the relevant box(es)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Fever |  | Dry Cough |  | Body Aches |  | Headaches | |  | Soar throat |  | Runny Nose |  | Tiredness |  | Shortness of Breath | |  | Others |  | Details: | | | | | |
| 2. | Have you been in contact with a confirmed novel coronavirus (nCoV) patient in the past 14 days? Yes No |
| 3. | Have you been to Outside India / affected countries or area(s) in the past 14 days?    Yes No  If yes, please indicate the affected country(s) or area(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby confirm & certify above information provided are per best of my knowledge.

Signature (visitor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Information captured is used for contact tracing if required