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 NoIf 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