

## Annex 3E

### Example of Health Screening Form for Visitors

Dear Sir / Madam

To prevent the spread of COVID-19 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	<input type="checkbox"/> No symptom  If you have the following symptom(s), please tick the relevant box(es) <input type="checkbox"/> Fever <input type="checkbox"/> Dry cough <input type="checkbox"/> Body aches <input type="checkbox"/> Headaches <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose <input type="checkbox"/> Tiredness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Others _____
2	Have you been in contact with a confirmed COVID-19 patient in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been to affected countries or area(s) in the past 14 days as stated in the MOH and MOM travel advisories? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please indicate the affected country(s) or area(s) : _____

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

Date: \_\_\_\_\_

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