



ANNSUN HOTEL COVID SELF DECLARATION FORM

Personal Details:

1. Guest Name:
2. DOB & Age:
3. Gender:
4. Passport no / Aadhar no :
5. Address:
6. Contact No: 8.
7. E- Mail:

Exposure History:

1. Have you returned from another country in the past 14 days? Yes/ No
2. If Yes, please mention duration (----/----/-----) to (----/----/-----) and destination(s):
3. Have you been in contact with a confirmed COVID-19 patient in the past 14 days? Yes/No
4. Have you had any close contact with animals/birds? Yes/ No
5. Have you visited a wet/sea food market recently? Yes/ No
6. Are you a healthcare worker caring for patients at a hospital? Yes/ No
7. Clinical symptoms: Please mark yes/ no based on the symptom(s) you have experienced

Temperature at arrival:
Recorded by:

Fever at evaluation: Yes/ No

Fever: Yes / No

Running Nose: Yes/ No

Cough: Yes/ No

Tiredness: Yes/ No

Shortness of Breath: Yes/ No

Headache: Yes/ No

Sore Throat: Yes/ No

Body Ache: Yes/ No

Sputum: Yes/ No

Abdominal Pain: Yes/ No

Nasal Discharge: Yes/ No

Chest Pain: Yes/ No

Nausea: Yes/ No

Diarrhoea: Yes/ No

Vomiting: Yes/ No

Coughing up Blood (Haemoptysis): Yes/ No

Others: Yes/ No

I hereby declare that the above-mentioned information is true to my knowledge. I also confirm to take all preventive measures against Covid 19 and follow the guidelines as mentioned by the Ministry of health and family Welfare, Govt of India.

SIGNATURE