

Covid-19 Self-Declaration Form

For the health and safety of our community, declaration of illness is required. Be sure that the information you give is accurate and complete.

Name of the Candidate: _____

URN No.: _____

Intermediary - Insurance Company / Corporate Agent / Insurance Marketing Firm / Insurance Broker Company / Insurance Web Aggregator

Sponsoring Company: _____

Branch of the Company: _____

Examination Date: _____ Examination Time: _____

- I have not been in contact with people being infected, suspected or diagnosed with COVID19.
- I am NOT under mandatory quarantine.

I declare that I am not experiencing any of the following symptoms:

- Fever
- Cough
- Shortness of Breath
- Sore throat
- Persistent Pain in the Chest/Body Ache

I acknowledge that the information I've given is accurate and complete.

Date: _____

Signature of Candidate: _____

Authorized Signatory of Company _____

Name of the Signatory _____

Designation of the Signatory _____

Seal of Sponsoring Company _____