

In view of current Covid-19 situation, applicant who are approved for admission after being interviewed by the Admission Sub-committee, will need to undergo a Covid-19 test.

The applicant will be admitted to the Home about a day prior to swab sample collection and will have to be isolated in the Home's isolation room (up to 14 days) until the swab result is negative.

In addition, the applicant has to complete the attached declaration form on the day of admission.

Thank you.

The Management

St. John's Home for Elderly Persons

HEALTH & TRAVEL DECLARATION FORM FOR VISITORS

Notice to Visitors

In view of the safeguarding staff and residents against the COVID-19, we are implementing a series of precautionary measures at the Home/Centre. We will conduct visual screening for all visitors to the Home / Centre. We will seek your co-operation to complete this Health & Travel Declaration Form. Thank you for your time.

- Please note that if you are on Home Quarantine Order, Stay-Home Notice or have returned from travel to any country in the last 14 days, you will not be admitted into the facility.
- If you are **unwell now or if there is an unwell household member**, we advise you to defer your visit. The Home/Centre will contact you to make arrangements for another visit at an appropriate date and time.

By _____ (Name of Home/ Centre)

Date/ Time of Visit : _____ / _____

PARTICULARS

Name of Visitor : _____	Gender: Male / Female (Please circle accordingly)
Nationality (foreigners only): _____	
NRIC / Passport No. : _____	
Contact No.(Mobile/Home) : _____	
Resident's/Client's Name: _____ (if applicable)	
Meeting Venue/Level : _____	
Purpose : _____	
Temperature Reading: _____ Recorded by staff (name): _____	

PLEASE TICK or Circle ACCORDINGLY

	YES	NO
1. Are you on currently Home Quarantine Order or Stay-Home Notice?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you in the past 14 days, travelled to any country? (If Yes, fill in the below details)	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any household members who are unwell with fever and/or flu-like symptoms Such as cough, runny nose, sore throat, shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state Which country: _____		
Period of Travel: From _____ to _____.		
	YES	NO
3. Do you have any of the following symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
• Fever, body ache, headache	<input type="checkbox"/>	<input type="checkbox"/>
• Cough and sore throat	<input type="checkbox"/>	<input type="checkbox"/>
• Runny Nose, loss of sense of smell	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
• Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
4. Have you or any of your family members and all others living in the same residence had, in the past 14 days, close contact with a person who:	<input type="checkbox"/>	<input type="checkbox"/>
• is a <u>confirmed</u> COVID-19 case?	<input type="checkbox"/>	<input type="checkbox"/>
• Is part of a COVID-19 <u>cluster</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, declare all the above to be true.

Name and Signature of Visitor:

Date: