National University of Singapore

Visitor Declaration

To safeguard the well-being of the NUS community and of the visitors to the campus, contact and health status information are needed. Please provide the following information to facilitate situational assessments and contact tracing if the need arises. Thank you for your cooperation.

Name : _____   **NRIC** : _____

Organization : _____   **Tel** : _____

Date : 17 / 19 / 20 / 21 May 2003   **Time** : _____

Purpose : To take part in / attend the Singapore Robotic Games 2003

(A)	Do you have a temperature of $37.5\,^{0}C$ or above?	☐ Yes ☐ No
(B)	Do you have any other flu-like symptoms (cough, chills and shivering, muscle aches, shortness of breath) today? If "Yes", please specify : _____	☐ Yes ☐ No
(C)	Do you know anyone under quarantine or any SARS case?	☐ Yes ☐ No

I declare that the above information is accurate.	**Office Use :**
_____ **Signature & Date**	_____ **Signature & Date**

ECE Dept Version / 30 April 2003 / Tel: 6874 2109

SARS Screening Declaration

-Visitor Declaration

Pleas help us in providing the following additional information:

	Yes	No
1. Have you been in contact with a known/suspected SARS patient in the past 14 days?	☐	☐
2. Have any of your immediate family members been in contact with a known / suspected SARS patient in the past 14 days?	☐	☐
3. Have you been to China, Hong Kong or Taiwan in the past 14 days?	☐	☐

If your answer is "**Yes**" to any of the Questions 1-3, our office would discuss with you how the purpose of your visit can be met via alternative arrangements. May we suggest that you consider carrying out your transaction over the internet or by email or telephone as much as possible?

We are faced with a great challenge. We know that these measures may cause inconvenience to you. Please bear with these changes/measures and help us contain the risk in the interest of the entire community.

Do leave your complete form in our tray. Once again, we thank you for your co-operation.

17 / 19 / 20 / 21 May 2003   Time: _____ AM / PM   Venue of Screening: MPSH1