

ANNEX A



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Visitor Health Declaration Form

Dear Visitor,

As part of the Novel Coronavirus (nCoV) safety measure implemented by UOL Group Limited, we seek your co-operation in completing the questionnaire below. If your reply is 'YES' to any questions below, you will be denied access to the premises. Thank you for your understanding!

Please indicate accordingly	Yes	No
Have you in the past 14 days travelled to China?		
To the best of your knowledge, have you or any member of your family has come into contact with another individual that has recently travelled to China in the past 14 days?		
Have you or any member of your family been in close contact with person(s) diagnosed with or person(s) suspected with nCoV or person(s) who have been issued a Home Quarantine Order during the last 14 days?		

Have you been experiencing any of the following medical conditions? (*tick accordingly*)

- | | | |
|--|------------------------------|-----------------------------|
| 1) Fever (more than 38 degree celsius) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Runny Nose | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Shortness of breath | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) Sore Throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Personal Particulars:

Full Name:	
Mobile No.:	
Company Name:	

I certify the above information is true.

Signature

Date

By submitting your information, you agree and consent to UOL Group Limited, its related corporations and its managing agent, collecting, using and disclosing such information for tracing, and related purposes.

For further information, please refer to the UOL Data Protection Policy at www.uol.com.sg/data-protection-policy/.