

To prevent the spread of COVID-19 in our business locations and reduce the risk of exposure to employees and visitors, you are requested to fill and submit the following.

**If the visitor has ALHOSN app in the mobile phone having GREEN TAG, the visitor may not require to fill the declaration but to show the evidence to the Albwardy Damen security personnel to get access.**

A. To be filled by working visitors including Class Surveyors, Service Engineers etc.									
Name									
Company									
Contact person at Albwardy Damen									
Visiting vessel / project / office & purpose									
Has the visitor completed two jabs of COVID-19 vaccination?		<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>			YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>					
		If YES, please ignore 'B' below							
Duration of visit at Albwardy Damen ( <b>validity 7 days</b> ). (Extend the form after 7 days or re-submit if visited other companies during the visit at Albwardy Damen)		From: To:							
B. Visit history in the last 14 days									
S.N	Name of company / facility	Location	From (Date)	To (Date)					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
C. Self-declaration									
S.N	If the visitor has the following symptom(s), please tick the relevant box(es)								
1	Fever	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
	Sore throat	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
	Dry cough	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
	Shortness of breath	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
	Diarrhea	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
2	Contact with confirmed COVID-19 patient(s) in the past 14 days?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
3	Overseas travel to UAE in the past 14 days? If yes, provide valid COVID-19 test report	Yes	<input type="checkbox"/>	No <input type="checkbox"/>					
D. Name		Signature							

Filled form shall be forwarded to [qhse@albwardydamen.com](mailto:qhse@albwardydamen.com) before visit