



Iroha Kindergarten
TRAVEL DECLARATION FORM
(For Visitors)

As part of precautionary measures to ensure the health and wellbeing of the children and staff in the preschool, we seek your cooperation to complete this form and return it to the preschool.

Thank you.

Name : Contact No.:

1. Have you returned from any of the following regions within the last 14 days?

Region	Yes	No	If yes, which country/countries
America (north)			
America (south)			
Africa			
Asia			
Australia			
Europe			
Russia			

2. Are any of your immediate family members serving a **Stay Home Notice** (SHN) or **Home Quarantine Order** (HQO) or have been in contact with a person with a known case of Covid-19?

Yes / No

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

Name and Signature

Date