**Declaration Form (COVID-19)**

This pre-screening measure is intended to determine whether you are likely to have been exposed to COVID-19. Please complete this form prior to entering the workplace and at the beginning of each day/shift.

This form is aimed at ensuring the continuing safety of all employees and staff (as well as any essential visitors) and is designed for your own protection.

I declare that:

☐ I have not been in contact with anyone with a known or probable case of COVID-19.

☐ I have not been in contact with anyone experiencing symptoms related to COVID-19.

☐ I have not been in contact with anyone who has travelled outside of the country in the past 14 days.

☐ I currently have no symptoms of COVID-19 or if I do, these are related to a known cause or condition: (fever or chills, difficulty breathing, shortness of breath, cough, sore throat or trouble swallowing, runny nose or congestion, decrease or loss of smell or taste, nausea, vomiting, diarrhea, abdominal pain or extreme fatigue).

☐ I have not travelled outside of the country in the past 14 days.

☐ I confirm that I have continued to comply with all internal rules, protocols and practices that have been implemented by the employer, and confirm that I have continued to maintain public health official advice by practicing acceptable social distancing and observing health and safety standards outside of the workplace.

If any item of the above has not been checked off, Management will review your situation and may require that you self-isolate for a period of 14 days. If during such time you experience any symptoms, you should contact the appropriate health authority to determine how best to safely seek medical care.

If all of the above items have been checked off, you may proceed to work and/or enter the premises. If you begin to experience any symptoms following the signing of this declaration and at any time, you have a positive obligation to report this to your manager/supervisor immediately and before returning to the workplace.

You are hereby informed that the employer will continue to take all reasonable and necessary health and safety precautions, including measures to ensure social distancing and high levels of hygiene in the workplace. You will be required to adhere to these for you own health and safety.

**Confirmation**

I, the undersigned, confirm that I have completed this form in good faith and certify that all information in this form is true and correct to the best of my knowledge. I understand that reporting to work if I have been potentially exposed to COVID-19 poses a grave risk to the health and wellness of others.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_