COVID-19 Self-Declaration for entry into the workplace

Access is subject to completing this document.

Name and Surname	
Cellular number	
Reason for visit	
Name of person being visited	

1. Have you travelled internationally in the last 14 days?	☐ Yes	☐ No
2. Have you been in contact in the last 14 days with someone who is confirmed to have COVID-19	☐ Yes	☐ No
3. Are you currently suffering from any of the following symptoms?	☐ Yes	☐ No
Fever	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Body pains / headache	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform the _____ (name of business) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

Date	**Signature**

Please note, the _____ (name of business) **reserves the right of access to our facility.**