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 been in contact in the last 10 days with someone who is confirmed to have COVID-19		
2. Are you currently suffering from any of the following symptoms?	☐ Yes	☐ No
Fever or chills	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Body pains / headache	☐ Yes	☐ No
Shortness of breath/ chest discomfort	☐ Yes	☐ No
Loss of smell or taste	☐ Yes	☐ No
Nausea, vomiting or diarrhoea	☐ Yes	☐ No
Unexplained fatigue, weakness or tiredness	☐ 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 National Health Laboratory Service (NHLS), should I be diagnosed with COVID-19 within the next 10 days so as to facilitate contact tracing.

Date	**Signature**

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