

Employee Health Declaration Form

Use this **employee health declaration form sample template** to effectively collect essential health information from staff, ensuring workplace safety and compliance with health regulations. The template is designed for easy customization and quick implementation in various organizational settings. Streamline your health monitoring process with a clear and concise form.

Employee Information

Full Name:

Employee ID/Number:

Department:

Email Address:

Date:

Health Status

Are you currently experiencing or have you experienced any of the following symptoms in the last 14 days?

(Check all that apply)

- Fever
- Cough
- Shortness of breath
- Sore throat
- Loss of taste or smell
- None of the above

Have you been in close contact with a confirmed or suspected COVID-19 case in the last 14 days?

-- Please Select --

Have you traveled internationally in the last 14 days?

-- Please Select --

Additional Information/Comments:

Any other relevant information

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Submit

This form is confidential and intended for workplace health and safety compliance purposes only.